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COORDINATION QUESTIONS

Relationship agreements between the United Nations and member organizations of the United Nations common system

Note by the Secretary-General

1. The General Assembly, in paragraph 11 of its resolution 46/191 B of 31 July 1992, had called on the Economic and Social Council to review and, where appropriate, strengthen the applicable sections of the relationship agreements between the United Nations and member organizations of the United Nations common system, in particular article VIII of the relationship agreement between the United Nations and the International Telecommunication Union (ITU), in order to enhance comparability and further adherence to the goals and objectives of the common system.

2. At its organizational session of 1993, the Economic and Social Council adopted decision 1993/211 to initiate discussion of relationship agreements between the United Nations and member organizations of the United Nations common system at its substantive session of 1993. To facilitate the discussion, the Council requested, inter alia, that a background document be prepared on the subject by the Secretary-General. The current note serves to fulfil this request.

The Relationship Agreements

3. Article 63 of the Charter of the United Nations provides that the Economic and Social Council "may enter into agreements with any of the [specialized] agencies referred to in Article 57 [of the Charter], defining the terms on which the agency concerned shall be brought into relationship with the United Nations. Such agreements shall be subject to approval by the General Assembly".

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4. Pursuant to Article 63, relationship agreements have been concluded between the United Nations and the specialized agencies setting out, inter alia, and in somewhat varying terms, a commitment to develop, as far as practicable, common personnel standards. Thus, article VIII (Personnel Arrangements) of the agreement between the United Nations and the ITU, which entered into force on 1 January 1949, provides as follows:

> "1. The United Nations and the Union agree to develop, as far as is practicable, common personnel standards, methods and arrangements designed to avoid serious discrepancies in terms and conditions of employment, to avoid competition in recruitment of personnel, and to facilitate any mutually desirable interchange of personnel in order to obtain the maximum benefit from their services.
>
> "2. The United Nations and the Union agree to cooperate to the fullest extent possible in achieving these ends."

5. The language of the above-quoted article, as well as that of corresponding articles on personnel arrangements in the other relationship agreements, does not amount to an obligation to adopt and comply with any common personnel standards. In these articles, the agencies undertake to develop, to the extent feasible, 1/ or as far as is practicable, 2/ common standards, methods and arrangements designed to avoid serious discrepancies 3/, 4/ in conditions of service.

The statute of the International Civil Service Commission

6. By its resolution 3357 (XXIX) of 18 December 1974, the General Assembly approved the statute of the International Civil Service Commission (ICSC), which the Assembly established "for the regulation and coordination of the conditions of service of the United Nations common system" (see art. 1 (1) of the ICSC statute) and invited the other organizations participating in the common system to accept that statute. 5/

7. By adhering to the statute of the ICSC, the agencies agreed that the purpose for which the ICSC has been established is to further the aim of developing a unified international civil service through the application of common personnel standards, methods and arrangements (see arts. 1 and 9 of the statute). They also agreed to the following arrangements:

(a) Under article 25, they agreed to apply, with effect from a date to be determined by ICSC, decisions of ICSC on those matters which it is empowered to establish or determine (see arts. 11, 12 (2) and 13 of the statute);

(b) Under article 24, they agreed to take action, under their constitutional procedures, on decisions taken by the General Assembly on the recommendations of ICSC made pursuant to article 10 of the statute;

(c) Finally, they agreed to the authority of ICSC to make recommendations to the agencies on matters described under articles 14, 15 and 16 of the statute. Though these recommendations presumably do not require automatic and full compliance of the agencies, the nature of ICSC functions, as accepted by

the agencies which adhered to its statute (see para. 6 above), still requires that these recommendations be accorded considerable respect.

Summary of recent events

8. Further to a decision of the ITU Plenipotentiary Conference held in 1989, a high-level committee composed of 21 member States of ITU was established to consider basic changes in the functioning of the organization. In his 1991 report to the ITU Administrative Council on the implementation of the recommendations of the high-level committee, the Secretary-General of ITU suggested that a special post allowance be given to staff members who contributed effectively to the implementation of the Committee's recommendations, as recognition of the additional work accomplished. The ITU Administrative Council concurred with this proposal. Accordingly, the ITU Secretary-General informed all staff members of the decision to entrust to them additional tasks of a temporary nature.

9. After receiving information on the above decision of the ITU Administrative Council, a number of delegations in the United Nations General Assembly requested, in June 1991, that a resumed session of the Fifth Committee be convened in order to review the implications of this decision for the United Nations common system. The Fifth Committee had before it a background paper prepared by the ITU secretariat. The General Assembly adopted resolution 45/268 of 28 June 1991 in which, inter alia, it requested ICSC to examine, within the context of its work programme, the basis for the decision taken by ITU and its implications for the common system, and to report thereon to the General Assembly at its forty-sixth session.

10. This request was addressed by ICSC at its thirty-fourth session, in August 1991. The unilateral action by ITU was deeply regretted and was considered incompatible with the common system. The ICSC position was endorsed by the General Assembly in Part II, paragraph 3 of its resolution 46/191 A of 20 December 1991. In this resolution, the Assembly also appealed to the organizations of the United Nations common system to refrain from seeking to establish for their staff entitlements and benefits in addition to those established for all common system staff.

11. The position of ICSC and the United Nations General Assembly was brought to the attention of the July 1992 session of the ITU Administrative Council. By its resolution R.1024 of 8 July 1992, the Council accepted the views of the Commission, endorsed by the United Nations General Assembly, with regard to payment of a special post allowance to ITU staff. However, since the initial decision regarding payment of SPA was intended to be implemented in two instalments, that is, for the periods from 1 July to 31 December 1992, and from 1 February to 31 July 1992, it was concluded that there was a legal commitment to grant the special post allowance to those staff members who had actually performed the additional work. Accordingly, the Administrative Council and the Secretary-General of ITU did not take any action to stop payment of the second instalment of SPA in 1992.

12. After being informed of this action by ITU, a number of delegations in the United Nations General Assembly requested that a resumed session of the Fifth Committee be convened in order to reopen consideration of the agenda item

"United Nations common system". As a result of its deliberations, the General Assembly adopted resolution 46/191 B of 31 July 1992, which is referred to in paragraph 1 above. In this resolution, in addition to addressing a request to the Economic and Social Council to review the relationship agreements, the Assembly also requested ICSC to assess the impact on the United Nations common system of resolution R.1024 of the ITU Administrative Council with respect to the payment of SPA, and to recommend appropriate measures to the forty-seventh session of the Assembly.

13. This request was addressed by ICSC at its thirty-sixth session in July-August 1992. The Commission reiterated that the action by ITU was contrary to the norms of the common system; decided to study, on a priority basis, staff rules and regulations of the common system organizations with a view to identifying serious discrepancies; and urged United Nations organizations to consult with the Commission on all issues related to the conditions of service of common system staff. This position was endorsed by the General Assembly in Part I.A, paragraph 3 of its resolution 47/216 of 23 December 1992.

14. At its seventy-fifth session, reviewing, inter alia, developments in ITU, the Consultative Committee on Administrative Questions (Personnel and General Administrative Questions) (CCAQ (PER)) emphasized that instead of focusing on ad hoc solutions adopted by individual agencies, it was more important to concentrate on the concept and validity of the common system itself. The original rationale for the creation of a common system of salaries and allowances, which framework had been established under the relationship agreements between the United Nations and specialized agencies, had been to preclude competition among agencies; it had not been seen as a device to hold organizations down. At present, the problem appeared to be largely that there was an excessively rigid interpretation of the common system, which to some extent presented an obstacle to timely changes in the area of personnel management (ACC/1991/17, paras. 151-154).

15. At its seventy-eighth session, in March 1993, CCAQ (PER) addressed the issue of relationship agreements in the light of the request to the Economic and Social Council in General Assembly resolution 46/191 B. In the course of discussion, it was noted that the phrase "as far as is practicable" (see para. 4 above) in article VIII of the relationship agreement between ITU and the United Nations is deemed to reflect the practical reality of the extent to which cooperation between the two organizations can be realized in the development of common personnel standards. It was also noted that such a phrase, in one form or another, is included in each of the relationship agreements: some refer to cooperation to the fullest extent possible in achieving the common goals in personnel policy; others refer to the development of common goals to the extent possible or feasible; and still others agree to cooperate as necessary to ensure as much uniformity as possible in the conditions of employment of personnel. CCAQ, having taken careful note of the points raised by the General Assembly in resolution 46/191 B and the reaction thereto by the Economic and Social Council, concluded that it could not identify any problems at the working level with the current relationship agreements (ACC/1993/6, para. 9).

16. At its first regular session of 1993, the attention of the Administrative Committee on Coordination (ACC) was also drawn to the request of the General Assembly pursuant to resolution 46/191 B. In this connection, ACC noted the above conclusion of CCAQ (PER) (ACC/1993/14, para. 20).

Notes

1/ See Article XVIII (1) of the Agreement Concerning the Relationship between the United Nations and the International Atomic Energy Agency.

2/ See Article VIII (1) of the Agreement between the United Nations and the International Telecommunication Union.

3/ See Article XIII (1) of the Agreement between the United Nations and the United Nations Educational, Scientific and Cultural Organization.

4/ See Article XI (1) of the Agreement between the United Nations and the International Labour Organisation.

5/ The ITU adhered to the statute of the ICSC on 16 June 1975.

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PROGRAMME AND RELATED QUESTIONS: PROPOSED PROGRAMME BUDGET FOR THE BIENNIUM 1994-1995

Note by the Secretariat

1. The proposed programme budget for the biennium 1994-1995 would normally be prepared in the beginning of the year before the biennium, in this case 1993, for review in spring by the Committee for Programme and Coordination and the Advisory Committee for Administrative and Budgetary Questions before submission to the General Assembly. The Economic and Social Council would normally consider the relevant sections of the proposed programme budget covering activities in the economic, social and human rights fields in the light of the recommendations of the Committee for Programme and Coordination.

2. However, in view of the request by the General Assembly, in its resolution 47/212, to submit through the Advisory Committee in early 1993 revised estimates for the programme budget 1992-1993 arising from the second phase of the restructuring of the Secretariat, preparations for the proposed programme budget 1994-1995 were postponed to later in 1993. Due to this delay, the Committee for Programme and Coordination will not be reviewing the proposed programme budget until the second part of its thirty-third session, scheduled for 30 August to 17 September.

3. As a result, this item will not be taken up by the Economic and Social Council at its substantive session of 1993.

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COORDINATION OF THE ACTIVITIES OF THE UNITED NATIONS SYSTEM IN THE FIELDS OF PREVENTIVE ACTION AND INTENSIFICATION OF THE STRUGGLE AGAINST MALARIA AND DIARRHOEAL DISEASES, IN PARTICULAR CHOLERA

Report of the Secretary-General

SUMMARY

The present report has been prepared in accordance with Council resolution 1993/205, in which the Council decided, inter alia, that one of the two themes to be considered by the coordination segment of the Council, at its substantive session of 1993, would be coordination of the activities of the United Nations system in the fields of preventive action and intensification of the struggle against malaria and against diarrhoeal diseases, in particular cholera.

The World Health Organization has acted as task manager in the preparation of this report, in full consultation and cooperation with the United Nations organizations most concerned (see annex).

The report presents information on malaria and diarrhoeal diseases, including cholera, and illustrates a number of issues pertaining to coordination of the activities of the United Nations system. It presents recommendations for the consideration of the Economic and Social Council that address a number of actions which are appropriate for United Nations organizations themselves but mainly focus on supporting Governments in setting priorities and acting to foster coordination among development partners, in particular those of the United Nations system.

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INTRODUCTION

1. Malaria and diarrhoeal diseases, including cholera, take a heavy toll in human life and suffering, accounting for some four million deaths and several hundred million cases each year. Their major impact is in developing countries among the men and women of the work force, pregnant women, infants and young children under five years of age and children of school age. These diseases constitute major impediments to social and economic development and improvement in the quality of life of millions of individuals, their families and their communities. They contribute in large measure to a vicious circle of disease; malnutrition - poverty - disease. They are therefore specific targets for prevention and control efforts being undertaken by Governments with the support of the international community, in particular the organizations and bodies of the United Nations system. While they are the specific and priority concerns of WHO and organizations such as the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Bank, they also influence development policies of many other United Nations organizations.

I. OVERVIEW

2. Resources for development work available at the international level in general and to the United Nations system in particular are scarce in relation to the size of the task. Every effort is required to ensure that resources are used cost-effectively. The growing size and complexity of United Nations endeavours have increased both the importance of and the need for coordinated action. If common goals and strategies for attaining them are not agreed on and pursued, the action of one organization may well negate the benefits being provided by another. Even with agreement on common goals and strategies, unless an ethic of collaboration pervades each individual within an organization, duplication and waste will result and opportunities for synergistic and complementary action will be squandered. Coordination is therefore a priority concern for the United Nations system and other partners in development.

3. Coordination of disease prevention and control activities is obviously most important at the country level and the national authorities themselves are the most important coordinators. United Nations organizations have varying mandates but are characterized by the common goal of strengthening national capacities in ways that lead to the achievement of both national and international goals of sustainable development.

4. The case for investing in human development has been made with increasing clarity and force as population growth, environmental degradation and natural and man-made disasters have intruded on the political agendas of industrialized and developing countries alike. Particular references to this priority are included in UNDP's Human Development Report, UNICEF's State of the World's Children and the World Bank's World Development Report (devoted to health in 1993), publications developed with input from a large number of organizations.

A. Malaria

5. Malaria is most pervasive and takes its highest death toll in Africa. Some 300 million persons carry the malaria parasite: over 90 per cent of them reside in Africa. Each year, some 100 million persons experience clinical illness from this disease, 80 to 90 million of them in Africa. And each year, over one million persons die from malaria, 90 per cent of these in Africa. Most victims are children below the age of five years but they also include women with their first or second pregnancy, older children and young adults.

6. Malaria preys on populations already suffering from the effects of war, drought and famine. It has been reported as a major cause of death in refugee camps in Kenya, western Ethiopia, Malawi and Somalia but also strikes displaced persons living within their own countries. The incidence of the disease is currently increasing in Asia, especially Afghanistan; in South America, especially the Amazon region; and in those areas where the frontiers of development are being pushed back by new activities and new settlements. Multiple drug resistance of the malarial parasites has already developed and is spreading in Cambodia, Myanmar, Thailand and Viet Nam and poses a potential threat for other areas.

7. Malaria is highly debilitating. Malaria itself is a factor in land degradation and deforestation, the illness reducing work capacities to an extent which prevents inhabitants from investing the labour needed to make the land a sustainable economic resource. In areas with intense and stable malaria transmission in Africa, some 30 per cent of febrile illness is attributable to this disease. Recent studies undertaken by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in malaria endemic areas of rural Africa revealed that over a third of primary school children had had malaria during the current school term, over half of whom had had two or more attacks, typically missing a week or more of school with each attack. As a contributor to anaemia, malaria also impairs physical and mental development in young children, diminishing the returns achieved through education by restricting their potential to contribute fully to future social and economic growth.

8. Besides the erosive effect of endemic malaria, the disease also strikes in epidemic form. This may happen when previously unexposed humans enter a malaria endemic zone, as happens with migrant workers, refugees and displaced persons, or when ecological changes, including increases in breeding sites and climatic change, permit vector mosquitos to increase in numbers or to invade new areas. In epidemic form, malaria may affect all age groups in the community with high death rates.

9. In the 1950s, experts were impressed by the impact of DDT in eliminating the mosquito vectors of malaria and their enthusiasm engendered a global malaria eradication programme. This programme had significant successes in a number of areas, many of which remain malaria-free. But success was achieved in areas which generally enjoyed better socio-economic conditions or were favoured by environments less favourable to malaria transmission than the countries in which endemic malaria still persists today. In fact, in much of Africa south of the Sahara, conditions for malaria eradication were so unfavourable that eradication programmes were never even initiated. By the late 1960s, resistance of mosquitos to DDT, increasing costs and mounting opposition by household members

to periodic spraying with residual insecticides made it clear that eradication of malaria was not realistic and this was abandoned as a global goal.

10. When eradication was abandoned, many United Nations organizations and bilateral development agencies withdrew their support from national malaria programmes. This deprived many programmes of the very resources needed to implement change, often leading to highly inefficient use of available resources, especially insecticides. While global policies evolved in the ensuing years, they were not well reflected in national programmes.

11. During the 1980s, the resurgence of the malaria problem, now complicated by the growing resistance of the parasite to treatment with chloroquine and other antimalarial drugs, intensified the need for Governments for change. In 1992, the Global Malaria Control Strategy was endorsed at the Ministerial Conference on Malaria Control convened by WHO in Amsterdam. The strategy emphasizes four tactics:

(a) Provide early diagnosis and prompt treatment;

(b) Plan and implement selective and sustainable preventive measures;

(c) Detect early, contain or prevent epidemics;

(d) Strengthen local capacities in basic and applied research to permit and promote the regular assessment of a country's malaria situation, in particular the ecological, social and economic determinants of the disease.

The strategy also emphasizes the multisectoral factors which contribute to the risk of malaria and the need for multisectoral actions to prevent and control this disease. An important focus of such actions is at community level, where individuals need to be able to recognize malaria risk factors and to be empowered to take appropriate action. The difficult task of reorienting national malaria control programmes and the donor community so as to apply their resources efficiently in supporting this strategy is now under way.

B. Diarrhoeal diseases

12. Diarrhoeal diseases affect all populations consuming contaminated food or water or subject to other unsanitary conditions. They are the most common potentially fatal diseases of those living in substandard conditions.

13. Exclusive breast-feeding protects the young infant, but as soon as other fluids or food are given, infants, particularly those living in unsanitary conditions, are exposed to higher risks of contracting diarrhoea. Death from diarrhoea is frequently precipitated by acute dehydration, which can be countered by providing increased fluids found in the home or, in more severe cases, by using oral rehydration salts dissolved in water. Improved feeding during diarrhoea can help to interrupt the downhill spiral, involving infection and malnutrition, which too often is a prelude to death from diarrhoea.

14. Recent advances in the education of mothers for the prevention and treatment of diarrhoea and in making packets of oral rehydration salts available

to community health workers have contributed to the reduction of childhood deaths due to diarrhoea from more than four million in 1980 to slightly more than three million at the start of the 1990s. Despite this progress, the death toll remains unacceptable for a condition for which safe and effective interventions can be made widely available.

15. As with malaria, the prevention and control of diarrhoeal diseases requires action beyond the health sector. Mothers and other child caretakers need to be the focus of community support that enables them to improve the management of diarrhoea in the home and modify child-rearing behaviours to include exclusive breast-feeding for the first four to six months of life, increased care in providing safe food and water and improvement of personal, domestic and environmental hygiene.

C. Cholera

16. Cholera is spread like other diarrhoeal diseases but is distinguished by appearing periodically in epidemic form, for reasons which remain unclear, in developing countries of Africa, Asia and Latin America. It is spread by unsafe food or water and kills adults as well as children from rapid and overwhelming dehydration. Yet simple oral rehydration will prevent most deaths. The total number of annual deaths from cholera is not accurately recorded but certainly amounts to only a small fraction of the deaths caused by other diarrhoeal diseases. Yet, because it causes dramatic outbreaks affecting all ages and has been historically feared, cholera disrupts communities and can wreak havoc on economies dependent on tourism or international trade in foodstuffs.

17. For example, the cholera epidemic in Peru was estimated to have cost the country some US$ 70 million in lost tourist revenue during the first two months of the epidemic. Losses incurred by the fisheries industry in Peru amounted to US$ 500 million in 1991 and the Peruvian Exports Association estimates the overall loss on exports was US$ 1.3 billion. 1/ The Food and Drug Administration of the Government of the United States of America estimates the cost of its systematic testing of food products from 1 October 1991 to 30 September 1992, including fresh and frozen seafood which entered the United States of America from South and Central America, at US$ 2.2 million. Exporting countries of the region have experienced similar costs in ensuring that their exported food products are free of the cholera pathogen.

18. While Latin America has received much of the recent publicity on cholera, this disease is a more pervasive problem in Africa south of the Sahara, where cholera-related deaths are estimated to outnumber those in Latin America by a ratio of 20 to 1. Cholera also remains both an endemic and an epidemic problem in South East Asia, where disquieting news of a new epidemic caused by a previously unknown cholera organism is currently emerging.

19. The Latin American cholera epidemic illustrates the important role which interdisciplinary actions can play in protecting the health of consumers and in promoting food trade. Cholera epidemics also draw attention to the need for investments in education, sanitation and safe food and water programmes. Although catalysed by cholera, these investments have their greatest impact by

preventing sickness and death from the less notorious scourge of the other diarrhoeal diseases.

D. Costs

1. Global costs of malaria and diarrhoeal disease 2/

20. A recent estimate of the direct (mainly treatment) costs of malaria in Africa gave a 1987 figure of almost US$ 2 per case which, with 80 million cases at that time, gave an annual total of US$ 160 million. Indirect (labour time) economic losses averaged US$ 8 per case in 1987, giving a total of US$ 640 million indirect costs, and a total malaria cost (direct and indirect costs combined) approaching US$ 800 million. Given increasing severity and chloroquine resistance, these costs are projected to increase substantially by 1995 to US$ 1.8 billion, or about 1 per cent of Africa's gross domestic product.

21. Estimates of only the direct (facility-based oral rehydration therapy) cost for diarrhoeal disease in Africa, based on an average of US$ 1.00 per episode and an average of 3 episodes per child/year, of which approximately one third are brought to a health facility for treatment, give a figure of US$ 67.2 million per year. This does not include the costs of home treatment for some two-thirds of all episodes and the cost of approximately one third of episodes, which are unnecessarily treated with drugs or other ineffective remedies, at an annual cost of close to US$ 1 billion. As with malaria, however, the indirect costs tend to be still greater. In the 1991 cholera epidemic in Peru for example, total treatment costs were estimated at $29 million, with morbidity and mortality costs estimated at $260 million. Other economic losses related to this epidemic were even greater (see para. 17 above).

22. The direct cost figures provided above can only be considered as indicative estimates of the scale of the problem: very wide ranges of costs for both diseases have been estimated in the small number of available empirical investigations.

23. Information on the economic impact of disease, however, is not sufficient to identify priorities for action. For an assessment of the relative priority of the many different medical interventions (preventive and curative) currently available, it is necessary to focus on their relative cost-effectiveness. Available studies suggest that the cost per averted death from malaria ranges from a low of US$ 3 to a high of US$ 990, while the cost for diarrhoeal disease ranges from US$ 30 to US$ 244. These estimates do not address non-medical interventions, such as those pertaining to environmental management, many of which can be highly cost-effective, especially when health benefits are considered in addition to more traditional economic benefits.

24. Since the age-specific incidence and severity of malaria and diarrhoeal disease differ substantially, a measure of cost-effectiveness that more accurately compares like with like is desirable. Estimates of cost per quality-adjusted year of life saved allow a closer comparison between these two and many other disease-based interventions. The World Bank estimates that, on a global annual basis, 96 million disability-adjusted life years (DALYs) are lost to

diarrhoeal disease, over a quarter of these in Africa, while 27 million DALYs are lost to malaria, over three quarters of these in Africa.

25. The World Bank uses a figure of less than US$ 100 per DALY saved to define diseases that can be controlled substantially with cost-effective interventions. Carefully selected interventions against diarrhoea and malaria-improved domestic hygiene to prevent diarrhoea, oral rehydration therapy, use of impregnated bed-nets, and certain insecticide and vector control measures to prevent malaria - rank among the most highly cost-effective health measures available, with costs per healthy life-year gained comparable to those for measles and DPT immunization for infants. Integrated services for the management of sick children (including services for, inter alia, diarrhoeal disease and malaria) are estimated to cost between $35 and $60 per DALY saved. However, evidence on the ranges of cost effectiveness for interventions against these two diseases are very wide, indicating that resources can easily be wasted by using strategies which are suboptimal for local circumstances.

2. Agency expenditures on malaria and diarrhoeal disease control

26. The World Development Report 1993 estimates total aid flows to the health sector in 1990 at US$ 4.8 billion. This amount comprised US$ 3.9 billion of official development assistance (ODA) (US$ 1.6 billion provided through the United Nations system, US$ 1.9 billion from bilateral aid and US$ 0.4 billion from development banks) and US$ 0.9 billion of aid provided by non-governmental organizations and foundations. Although a disease-specific breakdown of these figures is not presently available, primary health care (maternal and child health, family planning, nutrition, community water supply and disease control) was estimated to account for three quarters of the total. Sub-Saharan Africa was the biggest per capita recipient region of ODA for health: external assistance, totalling US$ 1.25 billion, amounted to almost 15 per cent of total health expenditures in Africa in 1990; US$ 2.38 in per capita terms. However, both bilateral and multilateral aid flows for health declined between 1985 and 1990.

27. Total health lending by the World Bank, the biggest single funding agency, increased substantially between 1985 and 1992 and is forecast to grow from US$ 350 million in 1992 to about US$ 1 billion in 1995. Estimates by the World Bank of its malaria and diarrhoeal disease-specific lending components are on the low side, because projects are typically defined in terms of primary health care or district health systems and vary from year to year, but of total 1992 health lending, US$ 5.6 million, 1.6 per cent, was directly attributable to malaria and US$ 13.9 million, 3.97 per cent, to diarrhoeal diseases (see also paragraph 39 below). UNICEF figures for 1992 indicate, from a total health spending of US$ 228 million, approximately US$ 10.8 million, 4.7 per cent, of assistance for diarrhoeal diseases. For the 1992/93 biennium, WHO identified an annual average from regular budget and other sources of US$ 9.6 million for allocation to malaria and US$ 12.3 million to diarrhoeal diseases, out of a total annual budget of US$ 846 million.

28. Other investments are certainly being made by these and other United Nations organizations which contribute to the control of malaria and diarrhoeal disease, notably in the areas of education, clean water and sanitation,

environmental management and food safety, some of which are mentioned in section II below. The above figures, however, provide an order of magnitude estimate of the resources now being directly invested in prevention and control efforts. In relation to both the estimated economic losses attributable to these two diseases and the cost effectiveness of interventions to prevent or manage them, the present level of financial inputs by the international community seems inadequate.

II. EXISTING SUCCESSFUL COLLABORATIVE ACTION

29. In the early years of the United Nations, emphasis was placed on establishing different bodies with different mandates in different areas and with different perspectives. As they have grown in number and scope of activities, so their interdependence and need for coordination have increased. The challenge today is to ensure that coordination efforts result in greater efficiency and effectiveness for the benefit of Member States, while still allowing the flexibility needed to adapt general policies to specific local needs and promoting an atmosphere in which all are encouraged to contribute. Coordination is a means and should not be seen as an end in itself.

30. The incentive for coordination derives from the mutual benefits gained by the parties concerned, but particularly by the Member States. Its effectiveness is also conditioned by an interaction between the nature and severity of the question at hand, the strength of the Government or lead organization in question and the personalities of the individuals involved. One can recognize a spectrum of the influence of these factors in situations ranging from those where coordination has little success to those where it is excellent.

A. Coordination at global and regional levels

1. Malaria

31. With regard to malaria, FAO and WHO work together on the safe use of pesticides and insecticide resistance and jointly promote the International Code of Conduct on the Distribution and Use of Pesticides. Insecticides are also included within the International Programme on Chemical Safety (IPCS), established by the International Labour Organisation (ILO), the United Nations Environment Programme (UNEP) and WHO in 1980, a programme being further strengthened as a consequence of the United Nations Conference on Environment and Development (UNCED). The concerns which ILO and WHO share about health and safety in the workplace are reflected in their Joint Committee on Occupational Health. The problem which malaria poses for migrant workers is well recognized, although it deserves greater attention.

32. FAO, UNEP, the United Nations Centre for Human Settlements (UNCHS) and WHO jointly support the Panel of Experts on Environmental Management of Vector Control (PEEM), for which WHO provides the secretariat. PEEM promotes intersectoral action to reduce vector-borne disease transmission in the context of land and water resources development, human settlements and urbanization. PEEM is a global network permitting dynamic interactions among 45 experts in a range of relevant disciplines, 12 collaborating centres and professional staff

of the four above-mentioned agencies. In addition, malaria is strongly associated with many aspects of the environment that preoccupy UNEP, including deforestation, settlements and toxic chemicals. Most UNEP financial support aimed specifically at the control of malaria and cholera has gone into joint activities with WHO.

33. The United Nations Development Programme (UNDP) and the World Bank both support research coordinated by WHO (see para. 48 below). UNDP has placed a particular emphasis on human development, its multisectoral perspective and institutional coordination. Both UNEP and UNDP have actively supported training programmes in malaria control, staff training and operational research. UNDP has supported a 10-year programme for monitoring malaria drug resistance in the South-East Asia region of WHO and provided critical support for a 1991 interregional conference on malaria in Brazzaville that became a turning point for malaria control in Africa. An FAO/UNDP/United Nations Industrial Development Organization (UNIDO)/WHO regional network on pesticides has been established for Asia and the Pacific.

34. UNESCO is particularly concerned with the impact of ill health, including malaria, on primary school education and has joined UNDP, UNICEF, the World Bank, WHO and others in establishing a Global School Health Initiative to address this issue.

35. Because of shared concerns over the health of mothers and children, UNICEF and WHO have developed particularly close working relationships. These are reflected in the Joint Committee on Health Policy, which is composed of members of the UNICEF and WHO executive boards and meets at least every second year to review and discuss health policies and collaborative activities.

36. Malaria has been an area of joint collaboration between the two organizations since their inception. UNICEF was a major contributor to the malaria eradication programme before that effort was halted. UNICEF then withdrew its support for some years but has recently become more active, particularly in Africa, where it focuses on the provision of effective drugs and the promotion of personal protective measures, such as impregnated bed-nets.

37. UNIDO supports national industries manufacturing products relating to malaria and diarrhoeal diseases, including pesticides, anti-malarial drugs and oral rehydration salts. UNIDO participates in the Regional Network on Pesticides for Asia and the Pacific (RENPAP), a resource which could be more fully exploited with respect to pesticide production for malaria control.

38. The World Bank is the largest lender for health in developing countries. It is also the largest contributor, outside the countries themselves, to the prevention and control of malaria and diarrhoeal diseases. The Bank's support for malaria control stems from its recognition of this disease as a major public health problem in many of its borrower countries and as a development-related disease with links to road-building, new agricultural settlements and irrigation projects. World Bank lending for malaria control has grown significantly since it was initiated in the early 1970s but has fluctuated from year to year. In 1989, the Bank approved US$ 120 million in loans for malaria control, the highest amount to date. This figure declined to US$ 10 million in 1990, but the number of new projects with malaria control components has grown steadily. In

addition, emergency situations - mostly malaria epidemics - have spurred efforts by the Bank to include support for malaria control in other loans and projects. The Bank also supports malaria research through its contributions to and co-sponsorship of the Special Programme for Research and Training in Tropical Diseases (TDR).

39. Through the provision of food aid, the World Food Programme (WFP) supports a number of health and environmental activities that bear on malaria and diarrhoeal diseases, including land development and settlement schemes and forestry and fishery development. This aid is used as budgetary support; as an incentive for increased participation by specific target groups, such as pregnant and nursing women or preschool children, in health services such as training or performing community service, and as nutritional support, for example in nutritional rehabilitation or for hospital patients. Approximately US$ 40 million of current WFP commitments are specifically devoted to environmental health activities, such as the provision of potable water and the improvement of sanitation facilities. The Food Aid Programme in WHO, entirely financed by WFP, serves as the health adviser to WFP and is closely linked to project design, planning and evaluation, with the aim of maximizing the positive and minimizing the negative health effects of development activities supported by food aid.

2. Diarrhoeal diseases including cholera

40. FAO contributes to the control of diarrhoeal diseases through the promotion of food quality and safety along the food chain and the application of good agricultural and manufacturing practices. FAO is the leading technical agency in promoting food trade and the most experienced in providing assistance in food control to countries. It collaborates with WHO on issues of food safety and improved nutrition and serves as the secretariat for the FAO/WHO Codex Alimentarius Commission. During the cholera epidemic affecting Latin America, FAO was the leading technical agency providing assistance with the prevention and control of food contamination at both domestic and import/export levels, and during 1991 and 1992 it approved a special technical assistance programme to support the development of national food control infrastructures at a cost of US$ 3 million. FAO contributions also include support to improve the quality of irrigation waters in agricultural production.

41. UNDP contributes to the control of diarrhoeal diseases through its extensive support for water and sanitation projects. It supports a major collaborative mechanism, the Collaborative Council for Water and Sanitation, whose secretariat is based in WHO. Members of the Council include United Nations organizations, bilateral development agencies and developing countries with responsibilities in these areas. The Council meets every two years, serving as a forum for sharing information and improving coordination. Its work is supplemented by that of six working groups, which generally meet on an annual or biennial basis.

42. Diarrhoeal diseases are a major cause of death in refugee populations. The Office of the United Nations High Commissioner for Refugees (UNHCR) and WHO, together with the International Federation of Red Cross and Red Crescent Societies, are currently preparing a practical guide to environmental health

management in disasters and emergencies and, together with selected non-governmental organizations, are preparing guidelines for the treatment of diarrhoeal illnesses, including cholera and dysentery, in refugee and displaced populations.

43. Diarrhoeal diseases have been a major focus for UNICEF/WHO joint action at global and regional levels since the creation of the WHO Diarrhoeal Disease Control Programme in 1978. UNICEF is the largest global supplier of oral rehydration salts. It emphasizes the control of diarrhoeal diseases in programmes relating to breast-feeding, nutrition and the supply of essential drugs. In 1992, it used high level advocacy in drawing attention to the importance of the control of diarrhoeal diseases at meetings of the Organization of African Unity in Dakar, the Arab League in Tunis and the South Asia Association for Regional Cooperation in Colombo.

44. UNICEF is committed to the long-term goal of universal access to water and sanitation by the year 2000. It also supports the subsidiary goals of linking water and sanitation with the control of diarrhoeal diseases, providing a supply of safe water as a complement to health education in areas affected by guinea-worm and programming water and sanitation in a sustainable manner, taking into account environmental concerns. Emphasis is being placed on capacity-building of Governments and communities, particularly empowering women to play a more active role in sector activities and realize greater health and socio-economic benefits from these investments. In 1992, UNICEF cooperated with 90 countries in water and sanitation projects, with a financial input of approximately US$ 120 million, including both regular and emergency programmes.

45. UNICEF and WHO have agreed on common policies for the control of diarrhoeal diseases and recently adopted common monitoring indicators. In addition, UNICEF and WHO have begun to develop a joint strategy for the promotion of hygiene education in water supply and sanitation. Within the region of the Americas, UNICEF has joined the Pan American Health Organization (PAHO) and USAID to form, at both regional and country levels, inter-agency coordinating committees to promote common objectives, strategies and policies for the control of diarrhoeal diseases, PAHO acting as the permanent secretary for the regional-level committee. UNICEF is also active in other regions in supporting training and evaluation relating to the control of diarrhoeal diseases. UNICEF and WHO are currently pursuing an initiative to promote the integrated management of the sick child, which seeks to develop a uniform approach to the treatment of the most important causes of childhood mortality, including malaria and diarrhoeal diseases.

46. In Latin America, national cholera commissions, established to coordinate and implement national prevention and control plans, are comprised of representatives from Government, the private sector, the community, non-governmental organizations, bilateral and multilateral development agencies and United Nations organizations. The latter include FAO, the International Atomic Energy Agency (IAEA) (to coordinate research on food irradiation as a public health measure for controlling food-borne diseases), the Inter-American Development Bank (IDB), UNDP and the Office of the United Nations Disaster Relief Coordinator (UNDRO), in addition to UNICEF, the World Bank and WHO. In Africa, strong collaborative ties exist between United Nations organizations, bilateral development agencies, non-governmental organizations and national

Governments in responding to the cholera epidemics which continue to plague this continent. In the Western Pacific, close collaboration between UNICEF and WHO exists in controlling cholera, which is being approached within the general context of control of diarrhoeal diseases. All endemic countries in the region have prepared plans for controlling cholera outbreaks and a regional task force on cholera control has been established.

3. Research and development

47. WHO serves as the executing agency for the Special Programme for Research and Training in Tropical Diseases (TDR), co-sponsored, with WHO, by UNDP and the World Bank. Malaria research, from field-based evaluations of the effectiveness of insecticide-impregnated bed-nets to laboratory investigations for developing malaria vaccines, accounts for a major portion of Programme expenditures. UNICEF also supports malaria research, particularly on issues pertaining to the empowerment of individuals and communities. Other research collaboration is occurring through PEEM (see para. 33 above).

48. WHO coordinates basic and applied research related to the prevention and control of diarrhoeal diseases, including cholera, which is financed in part by UNDP and UNICEF. This includes research on the composition and use of fluids used for oral rehydration and on preventive interventions, including developing and testing vaccines against cholera and other diarrhoeal diseases. These organizations, along with bilateral donors, also support the International Centre for Diarrhoeal Diseases Research, in Bangladesh. FAO promotes practical research associated with improved technologies for the production and storage along the food chain of safe and nutritious products.

4. Prevention and control

49. In collaboration with other relevant United Nations organizations, WHO develops global policies and strategies for disease control; provides active support to countries for planning and implementing control programmes; takes part in mobilizing resources; and disseminates training materials for adaptation by national programmes.

50. WHO has coordinated the development of the Global Malaria Control Strategy mentioned in paragraph 11 above, with contributions from United Nations organizations, including UNDP, UNICEF and the World Bank. The Ministerial Conference on Malaria that endorsed the Strategy received the support and participation of these same organizations and a large number of non-governmental organizations.

51. The WHO Global Task Force on Cholera Control has developed guidelines for the formulation of national policies on cholera control which have been widely disseminated and used. They include advice on cholera surveillance; treatment and control of international spread; tourism in affected areas; food safety at both domestic and international trade levels; and water and sanitation. UNICEF is an observer on this Task Force and contributed to the development of a joint UNICEF-WHO proposal for funding and collaborating while implementing cholera-control activities in various countries.

52. Two other recent major international meetings that promoted wide-scale collaboration and coordination and were relevant to the prevention and control of malaria and diarrhoeal diseases were the United Nations Conference on Environment and Development (UNCED), held in Rio de Janeiro in June 1992, and the FAO/WHO International Conference on Nutrition (ICN), held in Rome in December 1992. UNCED's Agenda 21 3/ has provided a comprehensive blueprint for multisectoral action which is now being addressed. ICN endorsed the World Declaration and Plan of Action for Nutrition, 4/ which includes specific reference to the actions necessary to provide for safe food and water and strongly recommends a coordinated and cooperative national action plan for carrying out the recommendations. FAO and WHO, along with other United Nations organizations, have agreed to continue to strengthen the excellent collaboration already established in convening the ICN.

53. Two further meetings in recent years were also important events. The first was the World Conference on Education for All, held in Jomtien, Thailand, in March 1990 and sponsored by UNDP, UNESCO, UNICEF, the World Bank and WHO. The World Declaration on Education for All, 5/ an outcome of the Conference, reaffirmed the fundamental importance of healthy child growth and development and highlighted the importance of life-skills education through both formal and informal education programmes, in areas such as nutrition, population, agriculture, family life and other societal issues. Controlling malaria and diarrhoeal diseases is an integral part of such education.

54. The second meeting was the 1990 World Summit for Children, which, in its Action Plan, 6/ adopted a number of health goals previously endorsed by the World Health Assembly to be achieved by the year 2000. These included specific goals for reducing disease and death from diarrhoea as well as goals pertaining to water, sanitation, nutrition and education, the achievement of which will contribute to the prevention and control of both malaria and diarrhoeal diseases. UNICEF and WHO continue their active collaboration in support of the Summit health goals, particularly in developing joint indicators to monitor national and global progress in achieving them. UNDP, UNICEF, the World Bank and WHO also co-sponsor, with the Rockefeller Foundation, the Task Force on Child Survival and Development, which is concerned with promoting the achievement of health-related Summit goals.

55. Facts for Life provides another example of successful collaboration. This publication presents information which every individual, household and community is entitled to. It was produced by UNICEF in collaboration with UNESCO and WHO and includes chapters on malaria and diarrhoeal diseases. It also reflects the United Nations commitment to spread its collaboration as wide as possible, as indicated by the long list of advisers who acted as consultants on the text and the even longer list of non-governmental organizations who are partners in the Facts for Life initiative.

B. Coordination at country level

56. Country-level activities of United Nations organizations relating to the prevention and control of malaria and diarrhoeal diseases are too numerous to describe in detail, and only some examples are given here.

57. FAO has specifically addressed malaria concerns in its support for irrigation schemes in, for example, Benin, Mali, Niger and Peru. As part of its overall food control programme, FAO assists Guatemala and other Latin American countries in the implementation of good practices for the preparation and storage of foods in refugee camps.

58. From 1987-1991 UNDP provided support to strengthen malaria control in Bangladesh, concentrating on the development of health manpower at the district and Thana health levels and operational research.

59. UNICEF supports malaria control, particularly at community level, mainly through advocacy and training and the provision of anti-malarial drugs, insecticide impregnated bed-nets and educational materials. Cooperation in malaria control exists between UNICEF and WHO in 17 countries in Africa south of the Sahara.

60. UNICEF and WHO frequently join together to support national diarrhoeal disease control programmes in training, planning, communication activities, monitoring and evaluation. UNICEF has been a leading promoter of the national production, provision and use of oral rehydration salts as well as home-based fluids. UNICEF supports diarrhoeal disease-control activities in 64 countries. UNICEF and WHO also actively collaborate at country level on water supply and sanitation programmes in, for example, Botswana, Burkina Faso, Mozambique and Zambia.

61. UNIDO is providing support to Myanmar for a pesticide formulation plant. It has assisted countries in the past with the production of quinine and could renew this support if additional supplies of quinine are needed. UNIDO is supporting Viet Nam in the production of the anti-malarial drug artemisinin and has received a request for similar support from Myanmar. In Rwanda, UNIDO and UNDP have supported the processing and refining of pyrethrum. UNIDO is currently promoting the sales of pyrethrum on the international market in Africa, where some 10,000 families are estimated to earn their living from its production.

62. UNIDO has provided support to several countries for the production of packets of oral rehydration salts, as well as supporting Algeria with a pilot plant for intravenous infusions. Since 1991, UNIDO has collaborated with UNDP, UNICEF and WHO in fielding missions to Central Africa to explore the possibilities of controlling cholera by examining the quality of groundwater and drinking water, UNIDO's particular interest being in the use of long-life and slow-release bacteriocidal agents to inactivate cholera bacteria in wells and other sources of drinking water.

63. Over the last decade, the World Bank has financed some 10 projects with major malaria control components in such countries as Bangladesh, Brazil, India, Indonesia, Madagascar, the Philippines and Sao Tome and Principe. The most

important project, which was developed in cooperation with WHO and PAHO, was the Brazil Amazon Basin Malaria Control Programme, costing some US$ 100 million. As an innovation in malaria control, the project adjusted its approach in each of three distinct epidemiological settings: mining, colonization and peri-urban areas. The results have been positive and overall malaria prevalence in Amazonia has started to decline. Under its new policy on the Environmental Aspects of Dam and Reservoir Projects, the Bank assesses the health effects of dams and reservoirs, malaria often being a major consideration. Substantial diarrhoeal disease-control components are included in the large World Bank development programmes in Bangladesh and India.

64. WFP supports a slum improvement programme in Santo Domingo, Dominican Republic and other major towns which have inadequate clean water and sanitation. Food aid is provided as an incentive for some 100,000 poor families living in project areas to participate in activities organized on a community self-help basis, in collaboration with a number of non-governmental organizations which are providing engineers, architects and voluntary social workers. One of the most important benefits of the five-year project should be a reduction in the very high incidence of diarrhoea and other enteric diseases. In Peru, 21,000 families are receiving WFP assistance to improve potable water supplies and sanitation facilities for reinforcing cholera control efforts. In Sri Lanka, food aid is used to compensate poor people for the loss of a day's earnings, which are foregone in order to attend courses that emphasize upgrading the skills of selected adult participants, so that they can spread health and nutrition information when they return to their villages.

65. UNHCR and WHO have closely coordinated their efforts, notably in Bangladesh and Southern Africa, to help local authorities prevent and control diarrhoeal diseases, including cholera. Under the umbrella of the United Nations Coordination Agency for Afghan Refugees (UNOCA), UNHCR and WHO collaborate with other United Nations organizations and non-governmental organizations in Operation Salaam, a broad effort to improve conditions of Afghan refugees in Pakistan and Iran. In Iran, UNHCR has provided supplies for malaria control.

66. In Cambodia, the repatriation of over 300,000 refugees and the resettlement of close to 700,000 persons within the country are compromising the country's ability to control malaria. FAO, ILO, UNDP, UNESCO, UNHCR, UNICEF, the World Food Programme (WFP) and WHO are all collaborating in reintegrating refugees and displaced persons. The United Nations Border Relief Organization (UNBRO) has closely collaborated with WHO in addressing the problem of treating multi-drug-resistant malaria in the refugee camps in Thailand which border Cambodia, and staff of the two organizations have worked together with the Thai malaria control programme to develop common policies.

67. Malaria epidemics are known risks in Afghanistan, Djibouti, Ethiopia, Madagascar and Namibia. At the request of Ethiopia, UNDRO, UNHCR, UNICEF and WHO are collaborating to prevent and control malaria epidemics in areas disrupted by civil war or faced with the problem of repatriating refugees. A plan for the control of malaria in high-risk areas and populations has been developed and drugs and insecticides have been purchased. In Madagascar, the World Bank and WHO have agreed on common policies for malaria control but political instability of the areas most at risk from epidemics has impeded the effectiveness of the support offered.

68. For the past two years the World Bank, WHO and the Government of the Lao People's Democratic Republic have cooperated to review and replan the national malaria control programme, resulting in a long-term loan to the Lao People's Democratic Republic, including funds for malaria control. UNICEF is also cooperating with WHO and the Lao People's Democratic Republic in malaria control and in 1990 UNICEF and WHO collaborated with the Government to hold the first national malaria meeting. This will be repeated in 1993.

69. In Zambia, UNICEF and WHO have collaborated with the World Bank Education Rehabilitation Project to introduce school health education and people's participation as a way to rehabilitate existing schools and build new schools in cholera-affected areas in selected districts, and all three organizations helped the Government to develop both short-term and long-term development plans in response to their recent cholera epidemic.

III. PROBLEMS OF COORDINATION

70. Section II of the report has highlighted successful collaboration efforts. However, problems do exist, at global, regional and country levels, and they affect the spread of malaria, diarrhoeal diseases, cholera and other communicable diseases.

71. Various factors contribute to these problems, partially differences in the perspectives of different United Nations organizations, such as different perceptions of the complex linkages between economic and social development activities. For example, in the past, organizations have often invested in projects promising attractive economic returns which were, however, diminished by negative health impacts.

72. Low priority has been given to investments in safe water and sanitation, since there may be few commercial incentives. The savings which they would bring in terms of reduced rates of diarrhoeal deaths, prevention of cholera epidemics and improved long-term development are not being adequately valued in the short term.

73. Not enough attention has been given to providing a clear framework for development policies that would guide investments made by different sectors and ensure that their expected returns would be judged not only within the sector itself but also by the returns expected on the larger goal of healthy, sustainable development. Significant progress in such policy development is now being made, however, as illustrated by the recent international conferences referred to earlier (see paras. 51-55 above), as well as the Secretary-General's focus on the interrelationships between peace and development and the forthcoming World Summit for Social Development, to be held in Copenhagen in March 1995.

74. Coordination difficulties are further aggravated by differences in the regional groupings of countries employed by different United Nations organizations, different locations of regional offices and different programming cycles.

75. Resource constraints have also impeded coordination efforts. The observation that the malaria eradication programme did not succeed in eradicating malaria but did succeed in eradicating malariologists is true not only of malariologists but also of the resources devoted to eradicating the disease in recent years. The utilization of those scant resources also poses problems: attention is directed to the acute symptoms of epidemic malaria but action to remedy the underlying problems of socio-economic development is far less often taken.

76. Similarly, for diarrhoeal diseases and cholera, additional global and regional resources are mobilized to combat epidemics but are often used only for immediate response activities and are withdrawn when the epidemic subsides, setting the stage for further epidemics.

77. Where epidemics, especially cholera, are concerned, political and economic considerations frequently move to the forefront and result in measures such as quarantine, cordon sanitaire, and other restrictions of movement and economic activity being instituted over the objections of technical advisers.

78. Evolution of the United Nations system itself is providing additional challenges for coordination. For example, nutrition units (important to disease control) have been found necessary in FAO, UNICEF, the World Bank and WHO. Coordination of country support by such units is of critical importance, in order to avoid having legitimate differences of expert opinion and organizational perspective risk subjecting a country to differing and perhaps conflicting advice from the United Nations system.

79. Issues pertaining to water and sanitation do not usually fall within the responsibilities of ministries of health and inter-ministerial collaboration is weak in many countries. Thus, for example, schools often suffer from lack of adequate sanitary facilities; municipalities, on which many problems related to malaria and diarrhoeal diseases are focused, are generally managed autonomously and may have more resources per capita available for investment than the national Government, so that coordination at the national level can be difficult. Ministries of health themselves are often not strong in providing coordination within Governments and they infrequently advocate narrow medical-care perspectives which favour cure over prevention and the urban rich over the rural poor.

80. Prevention and control of malaria and diarrhoeal diseases require intersectoral collaboration, especially at the community level. Personal beliefs and customs, poor quality of the health services, ineffective and unrealistic treatment policies and social and economic barriers may prevent people from seeking treatment. Many health facilities lack appropriate drugs and those available on the open market risk being inappropriate, counterfeit, or both.

81. An important segment of the population is served by the private sector. It is a major challenge to coordinate the private with the public sectors, in order to ensure adherence to appropriate treatment recommendations, using drugs of known efficacy which are potent at the time of use, particularly as these standards may not be met in the public sector itself.

82. Lack of understanding about the role of food-control measures in the prevention and control of diarrhoeal diseases impedes effective intersectoral action. Comprehensive national response requires substantial involvement by ministries of health, education, agriculture, environment, water, urban development, finance and planning. To the extent that each of these ministries relates to a different agency within the United Nations system, the problem of United Nations coordination is compounded.

83. The main problems which arise in malaria or cholera epidemics relate to early warning and the ability of coordinating organizations, including WHO, to react promptly in mobilizing both technical and financial resources. Reports are often received only after the epidemic is well established, reducing the impact of any remedial action. This emphasizes the need for epidemic preparedness, including the availability of sufficient reserve funds to permit rapid response to emergencies. Emergency situations also occur in areas of political unrest, which may reduce the ability of the Government to cooperate fully or restrict the access of governmental programmes into affected areas. Under these circumstances, close cooperation between several United Nations organizations may be mandatory.

84. Coordination problems tend to be the most severe in countries with the weakest managerial infrastructure. This places the United Nations organizations in a difficult situation. Strengthening national capacities is a generally shared goal and no organization interested in sustainable development would wish to undermine national responsibility by taking international action that imposes coordination from the outside, because the country itself lacks either the capacity or the willingness to do so. Nevertheless, particularly in emergency situations, such action may sometimes be required.

IV. CONCLUSIONS AND RECOMMENDATIONS

85. Under the initiative and guidance of the Secretary-General, far-reaching reforms are evolving within the United Nations system, many specifically aimed at increasing effective coordination. The recommendations in this report focus on what can and should be done now within organizational structures and relationships as they exist, using very specific examples of coordination in the prevention and control of malaria and diarrhoeal diseases, including cholera. These recommendations are likely to remain relevant even as more fundamental reforms are introduced.

A. Improving global and regional coordination

86. Global and regional coordination can and should be intensified or improved in a number of specific ways, as recommended below.

1. Broad policies for development

87. Efforts should continue to define broad policies for development which ensure that investments by specific sectors contribute not only to development within that sector but also to the overall goal of healthy, sustainable development. All United Nations organizations should participate.

2. Leadership and lead agencies

88. The strength of lead organizations within a sector and the ability of those organizations to collaborate with other concerned organizations is paramount. In combating malaria and diarrhoeal diseases strong technical and managerial leadership is required, particularly as the marked increase in the investments now being made by the United Nations as a whole in human development has increased the number of activities which relate to the prevention and control of these diseases. In order to prevent, monitor and control food contamination as an important strategy for reducing diarrhoeal diseases, FAO should be supported in its technical cooperation role. The Panel of Experts on Environmental Management of Vector Control (PEEM) should be supported in assessing the vector-borne disease impacts of land and water-resource development and human settlement projects, and in providing advice on the design of environmental management measures to minimize the risks of vector-borne disease transmission. WHO should ensure that it maintains an adequate staff of disease prevention and control experts whose calibre is of a standard that commands widespread respect. Enhanced technical leadership in these fields should facilitate the investment by other United Nations organizations in expertise which is complementary to theirs.

3. Research

89. WHO is providing leadership in the area of research and development but there is a need to expand efforts in these critical areas and continue the search for vaccines; drugs for treatment; approaches to environmental management which both reduce or eliminate pathogens and create unfavourable breeding conditions for mosquitos and other vectors of disease; and other effective tools which will improve the prevention and control of these diseases. Additional investments are also needed by WHO and other involved organizations, including UNDP, the World Bank and UNICEF, in order to clarify sociocultural factors which either promote the transmission of these diseases or inhibit the effective application of available control tools. This research extends from the laboratory bench, where medical science dominates, to the community, where multisectoral issues pertaining to environment, living standards, culture, education and beliefs dominate. It is complemented by research being carried out in other sectors, including that of FAO, which seeks to improve technologies for the production and storage of safe and nutritious food. WHO and the other organizations involved must share their vision of the importance of research and development related to these and other diseases. They must seek to obtain the investment of the resources needed to ensure that an appropriate balance is maintained between applying existing knowledge and acquiring new knowledge.

4. Information

90. There is not enough information available on how the prevention and control of malaria and diarrhoeal diseases contribute to the objectives of the various organizations whose support is required. An immediate step would be for all organizations to increase the exchange of information on the problems of malaria and diarrhoeal diseases, in order to ensure that the relevant decision makers in each organization are accurately informed about the health and development threats posed by these diseases, the actions to address these problems which the organization in question should take and the means of assessing the appropriateness and impact of such actions through monitoring and evaluation.

91. This information exchange must also include non-governmental organizations, which are providing an ever more important complement to actions undertaken through the United Nations system and by Governments. Non-governmental organizations are often the first on the scene when disaster strikes and may provide the only channel for epidemic prevention and control measures in areas which are not politically secure. All United Nations organizations need to continue and expand their efforts to ensure that relevant non-governmental organizations are fully informed of the resources of the United Nations system at global, regional and country levels and that the staff of non-governmental organizations are offered specific training, as required, on the technical aspects of disease prevention and control.

92. To promote improved information exchange, WHO will convene a Malaria Advisory Group during 1993, to which will be invited relevant United Nations organizations, bilateral and multilateral development agencies and non-governmental organizations. The Group will monitor progress in malaria control and serve as a forum for exchanging information and promoting collaborative action, including resource mobilization. It will help in the evolution of the WHO plan of work for malaria control 1993-2000, in order to ensure that the plan appropriately addresses the need for multisectoral efforts, and the Group will itself help to promote those efforts. Several mechanisms for information exchange already operate within the area of diarrhoeal disease control, including annual meetings of a technical advisory group of international experts, a meeting of interested parties involving donor groups, and global and regional task forces on cholera control. Further encouragement should be given to including managers of food-control programmes in meetings and committees concerned with the control of diarrhoeal diseases. Mechanisms for promoting further information exchange and collaboration in the areas of prevention and control of both malaria and diarrhoeal diseases, focusing especially on the United Nations system and non-governmental organizations, will be explored by WHO.

93. As additional steps, efforts will be made to promote the use throughout the United Nations system of the expertise available in the PEEM network for the health impact assessment of all natural resources development projects. The technical discussion during the March 1994 PEEM meeting will focus on incorporating a health component into integrated river basin development and management. The subject of epidemic/communicable diseases, including malaria and cholera, and their relation to the workplace, will be suggested as a possible topic for inclusion in the 1994 session of the joint ILO/WHO Committee on Occupational Health. A WHO Collaborating Centre in Finland is already

responsible for coordinating international activities concerning worker's health and new epidemics in the workplace; the appropriateness of including malaria and cholera within its mandate will also be explored.

5. Early-warning systems

94. Mechanisms for early warning, prevention and control of epidemics must be strengthened within the various bodies concerned with disaster relief, including the Department of Humanitarian Affairs, UNDRO, UNHCR, UNICEF, WHO, and several non-governmental organizations. FAO, UNEP and WHO should use existing mechanisms for monsoon forecasting as a basis for developing methods for forecasting malaria epidemics. The United Nations system should increase its efforts to further develop early warning systems for emergencies such as drought, famine, political instability and other causes of mass population movements which are a major risk factor in the occurrence of malaria and cholera epidemics. Development bodies such as UNDP, the World Bank and bilateral development agencies should be sensitized to the existence of emergency-prone areas for malaria and cholera, so that these areas can be included within packages of emergency relief assistance.

6. Balancing investments

95. A more difficult question is how much additional investment by the United Nations is appropriate for preventing or controlling these diseases, given urgent competing needs, such as HIV, tuberculosis, immunization and micronutrient malnutrition, to cite only a few alternative needs within the health sector alone. For each of these problems, balance must be struck between the effectiveness of investments narrowly made for specific disease interventions (for example, drug therapy for malaria or case management for diarrhoea) and the effectiveness of broader investments in infrastructure (for example, specific health infrastructure investments, such as training of health staff, strengthening epidemiological surveillance and rehabilitation or construction of health facilities; or broader investments, in areas such as food safety, water, sanitation, primary education or education of mothers). The appropriate level of resources, as well as the balance between narrow and more general investments, will differ in each country, underlying the need for effective country-level decision-making. However, global and regional coordination of resource allocation is also important, because the problems of drug-resistant malaria or epidemic cholera which affect one country have the potential for regional and global spread if not contained. Concerned organizations should continue to develop together plans for collaborative action to address specific problems at global and regional levels, in an effort to provide a better foundation for making appropriate decisions on resource allocations at these levels.

7. Monitoring progress

96. An important approach to better communication and resource allocation lies in the further strengthening of national and global monitoring systems for malaria and diarrhoeal diseases. UNICEF and WHO collaboration in developing and using a joint set of indicators for monitoring global progress towards a number of health or health-related goals should be strengthened while guidelines for monitoring progress in malaria control should be rapidly revised in the light of the recently adopted Global Malaria Control Strategy (see para. 11 above). The prospects for using intersectoral information systems, as called for by Agenda 21 of UNCED, should be explored as a way to improve the exchange of information relevant to improving the epidemiological understanding of malaria and cholera transmission. In the case of food control associated with the prevention and control of diarrhoeal diseases, close consultation with FAO is required.

97. The personalities of individual participants have an important influence on the level of coordination which can be achieved. At global and regional levels, it is important that relevant organizational heads play an effective role in advocating and implementing action supporting sustainable world development. It is particularly critical that the Secretary-General exercise all the powers of persuasion at his command to strengthen an ethic of coordination throughout the United Nations system in order to oppose the idea that all individuals and organizations have to pursue their own objectives, whether or not at the expense of the common good.

B. Improving country coordination

98. Problems of country-level coordination have been related to weaknesses of government coordination mechanisms, the dispersion of responsibilities relating to health among different ministries, the autonomy of large cities and resource constraints. In recognition of the need to continue efforts to strengthen government management capacities and to increase resources in the medium term, some short-term actions can be taken to mitigate the effect of these problems.

99. The United Nations organizations themselves should promote the formation of country-level coordinating groups, convened by the host Government, comprised of concerned United Nations organizations and including, where applicable, bilateral development agencies, non-governmental organizations, consumers and the private sector. Multisectoral representation from the Government should be promoted to facilitate collaboration between different ministries. Municipal representatives should join such coordinating groups as well as form their own groups to interact with those at national level. These groups could be disease or problem-specific or could be more generally concerned with development, augmented by problem-specific subgroups, depending on the national situation. The resident coordinator of the United Nations system should be the major facilitator for these groups.

100. Disaster preparedness and response, addressed in several countries through the formation of coordinating groups of concerned organizations, should be further promoted, both as a part of a larger coordinating group (as proposed above) and also for disasters specifically. Epidemics of malaria, cholera and

other diseases have not featured prominently in the work of disaster preparedness and response groups. Yet such epidemics frequently accompany natural and man-made disasters. The concerned organizations need to be fully sensitized to this fact and epidemic prevention measures should be a feature of emergency responses from the inception of such groups.

101. As useful as these national coordinating groups may be, there remains in many countries the need for a strong United Nations technical focus to support the country as it implements, monitors and evaluates its programmes. This is particularly critical in disaster situations which weaken the country's own capacities for response. For many of the issues pertaining to the prevention and control of malaria and diarrhoeal diseases, the technical focus should be provided by WHO. WHO should provide sufficient support to its country offices so that they can fulfil this role and help mobilize the support required from other organizations to achieve health goals in the context of more general socio-economic development. In the case of food-control measures, a joint FAO/WHO technical focus should be encouraged.

102. Further efforts are needed within countries to reinforce the synergism between health and education. Health professionals are becoming more aware of the importance of education in maintaining good health. Teachers are also becoming more aware of the roles they can play in using education for better health. But far more should be done. UNESCO has noted the importance of primary schools for this purpose and the particular need for greater collaboration between the schools and community health centres. Health personnel should make additional efforts to contact teachers and work with them in strengthening the role of schools in public health, including the provision of adequate water and sanitation facilities, the promotion of food safety, the referral of pupils for treatment and support for community-wide education relating to disease control programmes.

103. It is crucial that individuals at risk receive very specific messages related to the prevention of malaria and diarrhoeal diseases and their early recognition and treatment. Much remains to be done, however, to develop effective programmes for communicating these messages and for promoting the active support of individuals and communities in disease prevention and control activities. The collaboration of UNESCO, UNICEF and WHO in producing Facts for Life has been an excellent initiative in this area. In addition, UNDP, UNICEF and WHO have together identified a minimum complex of hygiene behaviours affecting diarrhoeal morbidity, which is now being incorporated into school health programmes. Yet much more needs to be done, especially in schools. Health teaching in primary schools, if it exists at all, does not generally provide practical information that permits children and families to play a role in prevention. The school health initiative in which UNESCO and other United Nations organizations are involved represents an opportunity for improving the health of school-age children and teaching them about good health practices, as well as for using them to transmit this information within their homes. This initiative should be strongly supported by all collaborating organizations. Similar support should be provided to the PEEM capacity-building programme, which aims at improving environmental management by informing decision makers, training professionals in intersectoral cooperation and using agricultural extension programmes to inform the farming community.

104. The vital role of non-governmental organizations was referred to in paragraph 92 above. Their contributions in each country will vary but they represent an important resource, not only for emergency action but also in many countries as a source of health care which complements that provided by the Government and the private sector. United Nations organizations should ensure that these organizations, as appropriate, are included within the collaborative mechanisms they are promoting within countries.

105. Strengthening of disease surveillance, including early warning systems for malaria and cholera epidemics, is needed in most countries where these diseases persist and should be supported both by the specific disease-control programmes concerned as well as by organizations which support capacity-building within the health sector. An integral part of such efforts will be to strengthen response capabilities so that appropriate action results from the receipt and analysis of data. These systems have high relevance for other diseases of public-health importance, including HIV infection, tuberculosis, acute respiratory infection and vaccine preventable diseases such as measles and poliomyelitis. National surveillance systems are also the foundation on which regional and global monitoring systems are based, such as those being developed to monitor progress in achieving the goals endorsed by the World Summit for Children. Strengthening of disease surveillance is a special priority for WHO in its support to countries but should also become a greater priority for collaborative support to countries by other United Nations organizations.

106. In contrast to the overlap of technical specialists which sometimes occurs in United Nations organizations, severe shortages exist in most developing countries. This is particularly true with respect to malaria and other diseases of the tropics whose transmission depends on intermediate vectors such as mosquitoes (dengue, yellow fever, Japanese encephalitis and many others), sand flies (leishmaniasis) or snails (schistosomiasis). Entomologists are needed to identify the species of vector and its susceptibility to varying methods of control; epidemiologists are needed to consolidate that information with how best to reduce disease transmission among the groups most at risk from the disease; and specialist clinicians are needed to advise on treatment and monitor the effectiveness of available drugs. More concerted efforts on the part of United Nations organizations and endemic countries themselves to provide such expertise within national programmes is needed. The model provided by the Special Programme for Research and Training in Tropical Diseases, co-sponsored by UNDP, the World Bank and WHO, which reserves some 25 per cent of its resources for research capability strengthening in developing countries, is helping to address these needs. Similar activities are required in other relevant programmes.

107. The degree of medical specialization required for the prevention and control of diarrhoeal diseases, including cholera, is far less than is the case with malaria. Whilst it has been possible in recent years, with the collaboration of a number of United Nations organizations, including UNICEF and WHO, along with bilateral development agencies and non-governmental organizations, to markedly increase the technical capacities of country health staff to improve the availability and efficacy of treatment, this work needs to be continued and expanded, especially in the least developed countries.

108. Prevention of malaria and diarrhoeal diseases requires increased multisectoral collaboration. While collaboration can often be achieved in response to the stimulus of an epidemic of malaria or cholera, it is far more difficult to obtain the long-term investments in water, sanitation, food safety and other pertinent aspects of development which are required for long-term prevention of these diseases. All concerned United Nations organizations, WHO in particular, must therefore intensify their efforts to make epidemics of malaria and cholera opportunities for increasing longer-term investments rather than being a short-term drain on available resources. One approach is to integrate epidemic control within the sustained prevention and control programmes for malaria and diarrhoeal diseases, both of which in fact cause more deaths in endemic than in epidemic form, despite the drama and real suffering caused by epidemics. Investment in sustained programmes is sensible in itself and also ensures that national expertise is in place to provide an early and effective response to epidemics. 7/

109. Another approach to improved country-level coordination is the increased use of joint evaluations already being supported by UNICEF and WHO. This review process should be extended to malaria and other parasitic diseases. Further efforts are required to enlarge the representation from non-health sectors in such reviews, including representation from concerned United Nations organizations, such as FAO, the community, especially women, non-governmental organizations and the private sector.

110. One cannot escape the need for additional resources to address the prevention and control of malaria and diarrhoeal diseases. Review is required of how existing resources are being invested, and changes need to be instituted to ensure that they are being used optimally. For malaria in particular, a number of national programmes persist which were appropriate when eradication was the goal but are no longer cost-effective. Changes in these programmes have the potential for freeing resources and may avoid the need for increasing the level of current resources. With the adoption of the Global Malaria Control Strategy by the Ministerial Conference on Malaria (see para. 11 above), WHO, in collaboration with other organizations such as UNDP, UNEP, UNICEF, the World Bank, bilateral development agencies and non-governmental organizations, will renew its efforts to support countries in developing strategies adapted to their current requirements.

111. But in the least developed countries, the combination of environmental circumstances and lack of resources has meant that few effective national control programmes have been mounted. In these countries, few savings are possible, since programmes will largely need to be built up from the beginning. If effective and sustainable programmes are to result, additional resources, both from national and international sources, will be required.

112. More resources are needed, particularly in the least developed countries, to strengthen national programme management in the prevention and control of diarrhoeal diseases, in order to ensure that oral rehydration salts and appropriate antibiotics are available and that they are used appropriately by staff who are trained and supervised. A larger problem, however, is the additional investment needed in water, sanitation, food control and hygiene education to stop transmission in the environment and in the home of the pathogens responsible for diarrhoeal diseases, including cholera. Malaria

presents a similar problem for the larger investments required for prevention, including those related to industrial and agricultural development, where investments in planning are required so that development does not engender further disease burdens. The United Nations organizations concerned - FAO, UNDP, UNESCO, UNICEF, UNIDO, WFP, the World Bank and WHO - should increase their joint efforts to support Governments in analysing how both Government and United Nations organization resources could be best used to support sustainable national development and to ensure that their resources support this goal in a complementary manner.

113. The impetus for improved environmental management which has resulted from UNCED should help to reinforce the need for environmental impact studies to be conducted before developmental projects, particularly those relating to water-resource development, are undertaken, and to ensure that safeguards will be introduced in existing projects to prevent the spread of diseases such as malaria and diarrhoea. Past experience clearly indicates that the health and social sectors do not have the resources to remedy the ills resulting from unhealthy development. Healthy development must be financed by development projects themselves, with the technical support of the health sector. FAO and WHO bear, in their respective areas of concern, a special responsibility to promote multisectoral collaboration at the country level, in order to ensure that this does in fact happen.

114. The process of dialogue between Governments and United Nations agencies, bodies and organs, initiated at the current substantive session of the Economic and Social Council should be continued. The Secretary-General is invited to request the Director-General of the World Health Organization to act as task manager, in close collaboration with the organizations of the United Nations system most concerned, for the preparation of a report, to be presented through the Secretary-General to the Economic and Social Council at its substantive session in 1994, on the status of coordination in preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera.

Notes

1/ Provisional data provided by the Food and Agriculture Organization of the United Nations.

2/ The loss of welfare caused by any disease is properly measured by peoples' willingness to pay to avoid it. Though empirically difficult to determine, this sum will be greater than the estimates of illness cost produced through totalling the direct (attendance and treatment) and indirect (output losses) costs. The latter approach, which has been commonly used in the context of both malaria and diarrhoeal diseases, omits the subjective value people place on avoiding discomfort, pain and anxiety. Empirical work in related areas suggests that this is substantial in relation to the direct and indirect costs approach.

3/ Report of the United Nations Conference on Environment and Development, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8), resolution 1, annex II.

4/ Final Report of the International Conference on Nutrition, Rome, December 1992 (Food and Agriculture Organization of the United Nations and World Health Organization, 1992), Part II.

5/ See World Declaration on Education for All and Framework for Action to Meet Basic Needs (Inter-Agency Commission for the World Conference on Education for All, 1990).

6/ A/45/625, annex.

7/ One reason that the recent cholera epidemic in Peru and other countries of Latin America has had fewer than 1 per cent mortality, in contrast to the 5-10 per cent reported in epidemics in some countries of Africa, has been the advanced state of development of diarrhoeal disease-control programmes, including the use of oral rehydration therapy and appropriate treatment of cases seen at health facilities, and improved access to those facilities.

Annex

LIST OF ORGANIZATIONS COLLABORATING IN THE PREPARATION OF THE REPORT

Food and Agricultural Organization of the United Nations

International Labour Organisation

United Nations (Department for Policy Coordination and Sustainable Development and Department for Humanitarian Assistance)

United Nations Development Programme

United Nations Environment Programme

United Nations Educational, Scientific and Cultural Organization

Office of the United Nations High Commissioner for Refugees

United Nations Children's Fund

United Nations Industrial Development Organization

World Bank

World Food Programme

World Health Organization

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DEVELOPMENT AND INTERNATIONAL ECONOMIC COOPERATION: POPULATION QUESTIONS

Report of the Preparatory Committee for the International Conference on Population and Development on its second session

(10-21 May 1993)

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* E/1993/100.

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I. MATTERS CALLING FOR ACTION BY THE ECONOMIC AND SOCIAL COUNCIL OR BROUGHT TO ITS ATTENTION

A. Draft resolution

1. The Preparatory Committee for the International Conference on Population and Development recommends to the Economic and Social Council the adoption of the following draft resolution:

Preparations for the International Conference on Population and Development

The Economic and Social Council,

Reaffirming General Assembly resolutions 45/216 of 21 December 1990 and 47/176 of 22 December 1992 and Council resolutions 1989/91 of 26 July 1989, 1991/93 of 26 July 1991 and 1993/4 of 12 February 1993,

Reaffirming Council resolution 1992/37 of 30 July 1992, in which the Council accepted the offer of the Government of Egypt to host the International Conference on Population and Development and decided to convene the Conference in Cairo from 5 to 13 September 1994,

Reaffirming also General Assembly resolutions S-18/3 of 1 May 1990, containing the Declaration on International Economic Cooperation, in particular the Revitalization of Economic Growth and Development of the Developing Countries, 45/199 of 21 December 1990 on the International Development Strategy for the Fourth United Nations Development Decade, 45/206 of 21 December 1990 on the implementation of the Programme of Action for the Least Developed Countries for the 1990s, 46/151 of 18 December 1991 on the United Nations New Agenda for the Development of Africa in the 1990s, the Rio Declaration on Environment and Development 1/ and Agenda 21, 2/ adopted by the United Nations Conference on Environment and Development, held at Rio de Janeiro from 3 to 14 June 1992,

Recognizing the particular importance of population issues in the context of sustained economic growth and sustainable development processes and conscious of the need to give priority to the issues related to population and development,

Aware of the political impetus given to the population issue on the international agenda since the decision of the United Nations to hold a meeting on population,

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1/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8), resolution 1, annex I.

2/ Ibid., resolution 1, annex II.

Taking note of the appointment of the Executive Director of the United Nations Population Fund as Secretary-General of the International Conference on Population and Development and of the Director of the Population Division of the Department of Economic and Social Information and Policy Analysis of the Secretariat as the Deputy Secretary-General of the Conference,

Considering that the General Assembly is the highest intergovernmental mechanism for the formulation and appraisal of policy on matters relating to the economic, social and related fields,

1. Recommends that the Preparatory Committee for the International Conference on Population and Development become a subsidiary body of the General Assembly, without prejudice to current arrangements for participation in the International Conference on Population and Development and its preparatory process, and in that context, decides that the report of the Preparatory Committee on its second session will be submitted, through the Economic and Social Council, to the General Assembly at its forty-eighth session, to be considered under the item entitled "International Conference on Population and Development", stipulated in General Assembly resolution 47/176;

2. Requests the Secretary-General of the International Conference on Population and Development to prepare by February 1994, for the information of delegations, the first draft of the final substantive document of the Conference, taking into account the views expressed by participants during the second session of the Preparatory Committee and the forty-eighth session of the General Assembly;

3. Decides to examine at its substantive session of 1993, during its consideration of the provisional calendar of conferences and meetings for 1994 and 1995 in the economic, social and related fields, the necessary arrangements to ensure adequate preparations for the Preparatory Committee and for the Conference;

4. Expresses its appreciation for the extrabudgetary contributions which have been made to the trust funds established to assist developing countries, in particular the least developed among them, in preparing for and participating fully and effectively in the Conference and its preparatory process, and invites all Member States and organizations in a position to do so to support these trust funds further;

5. Reaffirms the significance of the media, and requests the Secretary-General of the United Nations to promote the objectives and activities of the Conference;

6. Requests the Secretary-General of the United Nations, in collaboration with the Secretary-General of the Conference, to include in the report referred to in paragraph 20 of General Assembly resolution 47/176, an annotated outline of the final document of the Conference, as well as information on the implementation of the present resolution.

B. Draft decisions

2. The Preparatory Committee recommends to the Economic and Social Council the adoption of the following draft decisions:

DRAFT DECISION I

Proposed conceptual framework of the draft recommendations of the Conference

The Economic and Social Council decides to request the Secretary-General of the Conference, in preparing documentation for the Conference, to be guided by the views expressed by delegations and other participants at the second session of the Preparatory Committee for the International Conference on Population and Development and to take into account the Chairman's summary annexed to the present decision.

Annex

CHAIRMAN'S SUMMARY ON THE CONCEPTUAL FRAMEWORK

1. The purpose of the present summary is to provide guidance to the secretariat of the International Conference on Population and Development for further work on the draft of the Cairo document, to be submitted to the Preparatory Committee at its third session, based on the discussions that took place at the second session of the Preparatory Committee on the proposed conceptual framework of the draft recommendations of the Conference (agenda item 5).

2. Discussions on the structure of the document took place in a subgroup of the informal consultations of the whole and led to the following draft structure:

PREAMBLE

PRINCIPLES/FUNDAMENTAL CONSIDERATIONS

CHOICES AND RESPONSIBILITIES

Chapter I. THE INTERRELATIONSHIPS BETWEEN POPULATION, SUSTAINED ECONOMIC GROWTH AND SUSTAINABLE DEVELOPMENT

Chapter II. GENDER EQUALITY AND EMPOWERMENT OF WOMEN

Chapter III. POPULATION GROWTH AND STRUCTURE

Chapter IV. THE FAMILY, ITS ROLE AND COMPOSITION

Chapter V. REPRODUCTIVE RIGHTS, REPRODUCTIVE HEALTH AND FAMILY PLANNING

Chapter VI. HEALTH AND MORTALITY

Chapter VII. POPULATION DISTRIBUTION, URBANIZATION AND INTERNAL MIGRATION

Chapter VIII. INTERNATIONAL MIGRATION

MEANS OF IMPLEMENTATION

Chapter IX. PROMOTION OF POPULATION INFORMATION, EDUCATION AND COMMUNICATION

Chapter X. CAPACITY-BUILDING

Chapter XI. TECHNOLOGY, RESEARCH AND DEVELOPMENT

PARTNERSHIP IN POPULATION - ACTORS AND RESOURCES

Chapter XII. NATIONAL ACTION

Chapter XIII. INTERNATIONAL COOPERATION

Chapter XIV. PARTNERSHIPS WITH NON-GOVERNMENTAL SECTORS

FROM COMMITMENT TO ACTION

Chapter XV. FOLLOW-UP TO THE CONFERENCE

3. The discussions on the content of the document in both the plenary and the informal consultations of the whole covered the entire range of topics proposed in the conceptual framework (E/CONF.84/PC/11), as well as the issue of goals for 2015 proposed by the Secretary-General of the Conference. Those discussions are summarized as follows.

4. Several delegations spoke on the importance of ensuring that the preamble should define the context of the Conference document and convey to a broader public the vision and purpose of the Conference. It was suggested that, in addition to the items contained in paragraph 13 of the conceptual framework, the preamble should include reference to past experiences with population policies and programmes; should contain demographic data that was strengthened and focused on the 20-year framework; and should indicate action necessary to attain population objectives in the context of sustained economic growth and sustainable development, with emphasis on human rights and giving special attention to the developing countries, particularly the least developed countries. The preamble should also draw attention to the magnitude of resources required for implementing commitments made by the Conference. The list of instruments mentioned in paragraph 14 of the conceptual framework should be expanded for balance and coverage and should include key regional documents.

5. All delegations agreed that principles would be an essential part of any document emanating from the Conference and would form the basis for the new plan of action. That section of the document should ensure that the plan of action was action-oriented and would form the basis for international consensus. While circumstances would change and priorities vary, the principles agreed on at the Conference would provide the guiding philosophy in the area of population and development well into the twenty-first century.

6. Most delegations stressed that the principles should be built as much as possible on agreed international instruments, including the World Population Plan of Action, the Mexico City Conference recommendations, the Amsterdam Declaration on a Better Life for Future Generations, the Rio Declaration and Agenda 21. Many delegations considered that the right to development was an essential principle, as well as the sovereignty of nations.

7. Numerous delegations favoured a group of principles in which the importance of human rights was fundamental and provided the main point of departure. It was hoped that the principles would be concise and easily readable so as to have maximum public appeal.

8. It was generally agreed that the International Conference on Population and Development should concentrate on its overall theme of population, sustained economic growth and sustainable development. Issues and recommendations relating to this theme should be forward-looking, operational and pragmatic.

9. Many delegations mentioned the new climate of agreement and the spirit of cooperation regarding population issues. They also noted the lack of major differences between the approaches of the developing and the developed regions on substantive issues and the broad consensus on the need to examine population matters in the context of development. They further stressed the central importance of the human being in all questions of population and development and the need for population policies and programmes to be based on the fundamental rights and freedoms of individuals and couples.

10. While building on the important achievements of the 1974 and 1984 population conferences, many delegations endorsed the suggestion of the Secretary-General of the Conference for a new plan of action that would be free-standing and operational in nature. They also stressed the importance of ensuring that the recommendations were formulated in a manner that clearly identified their innovative aspects and priorities. In addition, the recommendations of the regional conferences and expert group meetings should be fully taken into account in preparing the document for Cairo.

11. Many delegations emphasized the need for recommendations to reflect the considerable demographic, social and economic diversity that existed among and within countries. Traditional classifications of development were considered inadequate, given the social and economic changes of recent years. The economies in transition of Europe, for example, had very complex demographic and socio-economic problems that differed markedly from those of the more developed European countries. Recommendations for action should take into account regional diversity and country-specific conditions.

12. All delegations agreed that population, environment and development were inextricably interrelated. Many delegations stressed, however, that the Conference should not run the risk of being too diffuse in its deliberations, but rather should focus most particularly on population-related issues, while taking note of complementary issues. In this regard, it was recognized that the Conference should build on existing international agreements, especially those adopted at the 1992 United Nations Conference on Environment and Development, including Agenda 21. Merely renegotiating those agreements would serve no purpose.

13. Many delegations strongly emphasized that sustained economic growth and socio-economic development had a fundamental impact on population. Highest priority must therefore be accorded to improving the quality of life for all people, notably through the alleviation of poverty; the creation of employment; the guarantee of human rights; and the improvement of health, education and housing, and economic opportunities, particularly for women.

14. In order to promote sustained economic growth and sustainable development, many delegations stressed the importance of a supportive international economic environment. The debt burden of poorer countries remained a major constraint to their socio-economic development. Restrictive trade policies inhibited economic growth and led to inefficient patterns of production and resource use. Structural adjustment programmes could have the effect of weakening social services, placing added stress on vulnerable groups, including women and children, and encouraging over-exploitation of natural resources and environmental degradation. Emphasis was also placed on science and technology and the development of relevant new technologies and their accessibility to countries in need. Building domestic capacities and strengthening institutions to meet the challenges of demographic change were further priorities.

15. Many pointed out that achieving the objectives of sustained economic growth, sustainable development and effective population policies would require mobilization of substantial additional financial resources from the international community as well as within countries. It would not be useful to adopt objectives without considering the means of implementation and the resources required. In this regard, the model provided by Agenda 21 could be considered.

16. There was general agreement that population factors had significant impacts on and were in turn influenced by continued widespread poverty and inequality of wealth between and within nations, as well as by wasteful patterns of production and consumption, by unsustainable use of natural resources and environmental degradation, and by serious social and gender inequalities.

17. An important priority, it was pointed out, was the development of adaptive strategies to address the implications for sustainable development and the environment resulting from the inevitable increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations. Related to this were strategies to minimize dislocations of populations due to environmental factors and natural disasters. Such policies would need to address the underlying causes, promote emergency preparedness and establish mechanisms to aid the victims, both within and outside their own country.

18. Several delegations noted the importance of maintaining a balance between human needs and aspirations on the one hand and the natural resource base and environmental conditions on the other. It was recognized that inefficient and unsustainable use of natural resources and environmental degradation, whether caused by rapid population growth, poverty, or unsustainable consumption patterns, could constrain prospects for socio-economic development. In this connection, some delegations underscored the importance of changing values, behaviour patterns and the distribution of power within society.

19. Social and economic factors could influence the impact of population on both local and global environmental problems. Many delegations referred to increasing demographic-related pressures on the environment and natural resources, whether associated with numbers, urban concentrations, migration or consumption patterns. Concern was expressed over effects on natural life-support capacities in different ecological zones.

20. It was considered important to promote more effective partnerships between Governments and the private sector in addressing population and development issues. Greater involvement and participation in the process of both policy-making and implementation by local communities, industry, non-governmental organizations and indigenous groups should be stimulated.

21. There was unanimous agreement that the empowerment of women was an essential factor in achieving population objectives, sustained economic growth and sustainable development. Existing gender inequalities and barriers to women should be eliminated and their participation in all levels of policy-making and implementation should be increased. Opportunities should be enhanced for leadership roles and for greater access to education, jobs and improved health services, including sexual and reproductive health and family planning. The role and responsibility of men in bringing about gender equity, policy and value changes was repeatedly emphasized.

22. Delegates expected that in the Cairo document issues of gender equality, equity and rights that were specific to particular chapters would be addressed in those chapters. Gender issues (such as achieving gender equality in education and training; enactment and/or enforcement of laws pertaining to minimum age at marriage; proposals concerning women's opportunities for productive and remunerative employment; and women's rights, health and advancement at the workplace), which cut across many of the chapters and could not be adequately dealt with under any single heading, such as health or reproduction, should be addressed under chapter II of the document, to be entitled "Gender equality and empowerment of women". Many delegates emphasized the need to present the recommendations in a systematic manner, and a suggestion was made to structure them according to four categories: legal, economic, educational and cultural. Some delegations called attention to issues such as power-sharing in decision-making in the family, violence against women, prostitution and the special needs of women for protection in times of war. Genital mutilation, which some delegations saw as both a health issue and a rights issue, also needed to be addressed in the Conference document. In general, it was felt that the document should give greater emphasis to the comprehensive relationship between women's empowerment, development and population.

23. Some delegations emphasized that the document should not merely reiterate general principles that had already been accepted but should go further than earlier agreements and make concrete proposals for action that would lead to those accepted goals, or else should elaborate or extend earlier language regarding rights and responsibilities pertaining to gender issues, as they were linked to population and development. It was also felt that there was a need to develop indicators to monitor progress in this area. Specific suggestions were made in some areas, such as goals for achieving gender equality in education and universal primary education for both girls and boys. Delegates also emphasized the need to include concrete steps to improve women's access to productive and remunerative employment, as well as measures to eliminate negative stereotypes against women.

24. While many delegations emphasized the importance of rapid population growth as one of the main challenges faced by the world community, it was also recognized that there existed considerable variation in population growth rates among regions and countries. Consequently, any recommendations concerning population growth should take this diversity into account and be formulated accordingly. Some delegations noted that there was a growing international consensus on the importance of achieving stabilization of population. A few delegations suggested that specific demographic targets should be set, including targets for population growth.

25. Trends in population growth and structure, many delegations agreed, should be clearly highlighted in the final document, since they provided the necessary background against which population and development relationships interacted. In this regard, a number of delegations stressed the special situation of the least developed countries, which needed special attention. Also, mention was made of the importance of future levels of population in relation to consumption and production.

26. Many delegations noted that population growth and poverty were closely related but that simplistic cause and effect notions should be avoided. Many socio-economic variables affected population growth, in particular gender equality and human resources development, in the areas of, inter alia, education, health, family planning and employment. These linkages should be brought out in the final document.

27. While the discussion on population structure covered all age groups, many delegations focused particularly on population ageing and agreed that the consequences of ageing required close scrutiny. The issue of ageing was of immediate concern in a number of the developed countries, but it was pointed out that problems of ageing could become overwhelmingly large in the developing countries, where the bulk of the elderly would be living.

28. Rapidly ageing populations represented a new phenomenon in human history that required urgent attention, particularly when viewed over a longer time perspective. It was pointed out that women would make up a disproportional share of the elderly, making it all the more crucial to integrate women in the development process.

29. Several delegations expressed the need for the document to take into account the perspective of particular population groups, such as indigenous

peoples and the disabled, whose needs concerning, inter alia, sexual and reproductive health (including family planning services), should be recognized. It was also suggested that the Conference document should address the specific forms of discrimination which disabled people may face with regard to international migration.

30. Many delegations requested that there should be a separate chapter on the family, emphasizing its central role in society. Delegations emphasized the importance of addressing within this issue the diversity of families and their varying experiences.

31. Many delegations suggested that the Cairo document should recognize that women, regardless of age, marital status, sexual orientation and other social conditions, have the right to have access to information, education and services to exercise their reproductive and sexual rights.

32. The reproductive rights of couples and individuals to decide freely and responsibly the number and spacing of their children, as stated in the World Population Plan of Action, was reaffirmed by a large majority of delegations. A few speakers suggested some modification of the rights to make them apply to couples only, to individuals only or to women only.

33. In relation to sexual and reproductive health, many delegations reiterated that reproductive health programmes should protect women of all ages. Such programmes should have a client-centred approach. Some delegations recommended the inclusion of proper prevention, treatment and referral of sexually transmitted diseases and infertility.

34. Family planning services were widely recognized as a means of fulfilling reproductive rights as well as of promoting maternal and child health. Such services, it was strongly recommended, should be voluntary, accessible, acceptable and affordable. Improving the quality of services and choice of available methods was also recognized as an important priority. Many delegations reiterated the need to promote research and development on both male and female family planning methods. The role that men can play in family planning practice was also suggested as an important topic of attention. Many participants recommended a special mention of the need to remove legal barriers to the provision of family planning methods that affected a wider social marketing distribution.

35. Human sexuality and sexual behaviour was recognized as a neglected area that required special attention. In this respect, it was recommended that sexuality and gender relationships be treated as closely interrelated and as factors that affected sexual health and reproductive behaviour. Many delegations suggested specific actions covering a wide range of activities, such as behavioural research, sex education for boys and girls, counselling, and the consideration of parents as a major channel for ensuring responsible parenthood.

36. Adolescents also received particular attention. Many delegations recommended the inclusion in the Cairo document of specific actions aimed at facilitating informed decisions regarding their sexual behaviour, sexual health and the prevention of sexually transmitted diseases, as well as the removal of barriers to the access of adolescents to reproductive health care services.

37. It was pointed out that among the issues that the Conference needed to address were the unacceptably high levels of maternal mortality and morbidity in many developing countries. Unsafe and illegal abortion, which in many countries was an important cause of maternal morbidity and mortality, constituted one of the most neglected problems affecting women's lives. It was seen by most delegations as a major public health issue which the Conference needed to recognize and address as such. While many delegations suggested that all women should have access to safe abortion, others suggested that the best way to eliminate abortions was provision of effective, modern contraception information and services; a few delegations reiterated that abortion should not be promoted as a method of family planning.

38. Several delegations emphasized the importance of primary health care in combating infant, child and maternal mortality and expressed concern about the reduction of social investment in health as a result of structural adjustment programmes. It was recommended that, with respect to child survival, the Conference should take into account the strategies and goals agreed upon at the World Summit for Children. The situation prevailing in the countries in economic transition regarding mortality levels and trends, especially adult male mortality, preoccupied several delegations and should also be addressed in the final document.

39. Many delegations stressed the need for the Conference document to give particular attention to those issues that had come to light since the International Conference on Population (1984), such as the acquired immune deficiency syndrome (AIDS) pandemic. The Cairo document was seen as a unique opportunity to articulate a consensus on strategies for the prevention of human immunodeficiency virus (HIV) infection. In this respect, it was noted that information, education and communication campaigns were vital for preventing the spread of AIDS and information about the prevention of HIV/AIDS infection should be included as an element in family planning programmes. The issue of international cooperation in research on drugs to treat and prevent AIDS should receive adequate attention.

40. With respect to themes related to population distribution and internal migration, delegations supported the need for decentralization and the strengthening of local government. Support was also expressed for the elimination of generalized subsidies in urban areas, the adoption of appropriate pricing policies for services and agricultural goods, and the introduction of cost-recovery schemes. Subsidies must be directed only to the urban poor, whose productivity had to be enhanced as part of any strategy of poverty alleviation. Inclusion of environmental issues related to population distribution was welcomed. There was support for the need to promote balanced urban and rural development and to create jobs in rural areas. Redirecting migration from large to small or medium-sized urban centres as a means of achieving a balanced population distribution was endorsed. Some delegations suggested that recommendations to enhance data sources on internal migration were needed, as well as studies on the causes of internal migration.

41. With respect to international migration, several delegations stressed the need to consider different types of migrants. It was important to use the appropriate terminology, especially in the area of rights. With respect to migrant workers, mention of the relevant International Labour Organisation (ILO)

conventions and recommendations was suggested, although caution had to be exercised in citing international instruments that had not yet been ratified. Delegations from the developed countries underscored the relevance of the recommendations on international migration made by the European Population Conference, whose language represented already the broad consensus of countries that were members of the Economic Commission for Europe (ECE).

42. The generally positive tone adopted in discussing international migration was welcomed. It was pointed out that in many circumstances migration was beneficial to both countries of origin and receiving countries. The challenge was to reduce pressures for uncontrolled migration. Several delegations pointed out the difficulty of the task, particularly because the development process was likely to increase migration pressures in the short term. A few delegations noted that strong migratory pressures could be generated in the economies in transition if their serious demographic problems in conjunction with job-creation were not solved. It was suggested that a special subsection on international migration and development be included. That subsection should contain recommendations regarding the causes of migration, particularly relative to those areas where economic growth and sustainable development could be fostered by international cooperation. Some delegations stressed the need for bilateral or multilateral negotiations and agreements regarding particular aspects of international migration, such as the treatment of migrant workers and their families or the migration of skilled personnel. The need to protect female migrant workers from exploitation was underscored.

43. Several delegations noted that it was important to prevent racism and xenophobia not only with respect to long-term migrants but rather with respect to all migrants. The integration of long-term migrants was to be pursued while at the same time respecting their cultural background.

44. The need to improve statistics on both migrants and their remittances was stressed by a number of delegations. The interchange of information between the sending and the receiving countries had to be fostered. Further studies on the causes of international migration and the effects of remittances were suggested.

45. With respect to refugees, delegations indicated that the relevant international instruments should be mentioned and that it was important to reiterate the international consensus on protection. Mention should be made of the right to seek asylum and not to the right to asylum. It was stressed that refugee assistance was needed both in the developing countries and in the countries that were in economic transition. The provision of adequate health and sexual and reproductive health services for female refugees was suggested.

46. Many speakers emphasized the major role of population information, education and communication and motivational activities in bringing a diverse cross-section of policy makers, planners, programme managers, administrators, field workers and the general public to new levels of awareness about the implications of emerging population issues. In order to achieve responsible choices in all aspects of population, including fertility and migration, better communication was needed to reach all segments of the population. Individuals, families and communities should know what choices were available to them and how best to make them. At the same time, Governments should recognize their responsibility at every level to avoid coercion and to promote informed choice.

With the wide variety of information forms and communication channels available for awareness creation and the delivery of motivational messages, it was pointed out, Governments should carefully examine their information, education and communication programmes to ensure that they employed appropriate information-processing and repackaging techniques to achieve maximum results with their specific target audiences.

47. Mere awareness was no longer sufficient. It would be appropriate to move from awareness to action. It was therefore appropriate to spell out for the 1990s, in the field of information, education and communication, specific options and opportunities that would enhance individual, family, community and national choices.

48. The importance of timely dissemination of reliable and up-to-date information in appropriate formats for the formulation of effective population policies and the implementation of efficient programmes should be stressed in the Conference document. It should emphasize that the development of national population information systems was an effective means of organizing the data and information that constituted the knowledge-base on population. The document should recommend that the use of modern information-handling technologies be promoted to develop databases, facilitate the processing and analysis of population data and improve the exchange of information.

49. Many delegations considered the collection and analysis of population and related statistics to be essential for a complete and accurate understanding of population trends in the formulation, implementation and monitoring of population plans and programmes. Research, both scientific and policy related, was emphasized as an essential ingredient of population and development efforts. In addition, research should give proper attention to gender issues and considerations of special population groups, such as indigenous peoples and the disabled.

50. Several delegations pointed out the need to give greater emphasis to data-generation, training (including research training) and research in the area of population. In many developing countries, the paucity of population data and the insufficiency of research capabilities had adversely affected the possibility of meaningfully integrating population perspectives into development plans and strategies.

51. A number of speakers stressed the importance of research and technology in responding to population and development issues, particularly with regard to contraception, infant and child survival, disability and environmental degradation. The Cairo document should reflect the vital contributions that technology and research could make in improving human lives and living conditions.

52. There was a broad consensus among delegations that strong emphasis needed to be placed in the Cairo document on the need for broadened national action aimed at social development. More resources, both national and international, should be assigned to social programmes. Several delegations endorsed the view of the Secretary-General of the Conference that the share of total national expenditure going to the social sectors should rise to at least 20 per cent. It was underscored that, within social-sector expenditure, the population sector

should be given high priority, commensurate with the crucial linkages between that sector and socio-economic development.

53. National action in population-related matters concerned both developing and developed countries alike. The theme of the Conference - population, sustained economic growth and sustainable development - made it clear that a reciprocity of actions was needed, with the North re-examining its lifestyles and unsustainable consumption patterns while the South acted to bring population growth down to a level compatible with sustainable development. Many delegations highlighted the necessity of including in the Cairo document this broad perspective of population and development.

54. Delegations suggested a broadening of the scope of resource mobilization beyond family planning to encompass sexual and reproductive health care. Further, many delegations were of the opinion that an even broader message must come out of the Cairo conference, namely that reproductive health and family planning were linked to other factors, such as education and women's status, which were equally important for the achievement of socio-economic development.

55. On the matter of increased allocation of national resources for population, delegations were in broad agreement. None the less, increased allocations should be made within the constraints of overall resource availability and perceived national development priorities. International bilateral and multilateral assistance, which had been declining in recent years, had played an important part in facilitating national action in population. In the view of many delegations, assistance for population should be increased in line with an overall increase in overseas development assistance to 0.7 per cent of the gross national product.

56. Delegations broadly supported the need for a partnership for national action on population between Governments, non-governmental organizations and other organizations outside Government, as well as the private sector. Non-governmental organizations were seen not as substitutes for government action but as partners acting as catalysts for change, setting quality standards for population programmes and developing innovative approaches.

57. Delegations also considered it important for the Cairo document to address the issue of adequate and reliable funding for the activities of non-governmental organizations. Both Governments and donor agencies should develop mechanisms for assuring a regular flow of resources to non-governmental organizations. In the view of some delegations, this policy should include increasingly direct reliance on national non-governmental organizations, in order to profit from their knowledge of local socio-cultural conditions.

58. Similarly, the complementary role of the private sector in the area of population should be clearly spelt out in the Cairo document. Legal and regulatory barriers impeding full access to reproductive health and family planning services should be reviewed. The contribution of services supplied by the private sector to promoting cost effectiveness in reproductive health care and other social sectors should be given full recognition.

59. Many delegations noted the need for updated estimates for resource requirements, in order to achieve global population goals of the sort proposed

by the Secretary-General of the Conference. The Amsterdam Declaration on a Better Life for Future Generations, the only international forum to have addressed the issue of resource mobilization for population activities, should be refined in this respect, so as to provide the Cairo Conference with more precise estimates of the resources required over the next decade. In this connection, various delegations suggested that relevant recommendations from the European Population Conference regarding resource mobilization should be consulted.

60. The appeal to increase resources for population activities could be strengthened by emphasizing the developmental successes achieved by investments in population programmes and the high rates of return observed on such investments. Other delegations noted that post-cold war circumstances presented the opportunity to substantially increase investments in social sectors, including the population sector.

61. The need for international cooperation for technical assistance to help resolve various population issues was underscored. The special needs of the economies in transition for such cooperation was noted and it was suggested that the corresponding recommendations of the European Population Conference be consulted.

62. There was general support for the proposal of the Secretary-General of the Conference to include a set of quantitative goals in the Cairo document. Such goals must take into account regional and national variations. Some delegations suggested that the proposed time-frame of 20 years could be segmented into 5- and 10-year frames. Progress towards achieving the goals should be monitored.

63. The point was made by many delegations that the goals must be consistent with each other and with those set at other international forums. There must be no coercion of any kind involved in the programmes formulated to achieve those goals. Some delegations suggested the possibility of including other social and economic goals.

64. Some delegations suggested that the Cairo document should also include qualitative goals and objectives.

65. Additional resources would be required to achieve those goals. Estimates in this regard should be prepared by the Secretariat, taking into account current and proposed levels of national expenditure in the social sector.

66. Several delegations emphasized the need for the Cairo document to make adequate provision for the follow-up to commitments made at the Conference, including mechanisms for the review and appraisal of progress made towards implementation of Conference objectives. Some delegations also suggested that the document should include recommendations on institutional arrangements for the implementation of the new plan of action.

DRAFT DECISION II

Participation of associate members of the regional commissions in the International Conference on Population and Development and its preparatory process

The Economic and Social Council decides that representatives designated by associate members of the regional commissions may participate as observers, without the right to vote, in the deliberations of the International Conference on Population and Development, the preparatory process and, as appropriate, any other committee or working group.

DRAFT DECISION III

Report of the Preparatory Committee for the International Conference on Population and Development on its second session and provisional agenda for its third session

The Economic and Social Council decides:

(a) To take note of the report of the Preparatory Committee for the International Conference on Population and Development on its second session 3/ and to endorse the decisions adopted by the Preparatory Committee;

(b) To approve the provisional agenda and documentation for the third session of the Preparatory Committee set out below.

PROVISIONAL AGENDA AND DOCUMENTATION FOR THE THIRD SESSION OF THE PREPARATORY COMMITTEE FOR THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

1. Adoption of the agenda and other organizational matters.

2. Accreditation of non-governmental organizations.

3. Preparations for the Conference.

Documentation

Report of the Secretary-General of the Conference on the state of preparations for the Conference

4. Review and appraisal of progress made towards the implementation of the World Population Plan of Action.

Documentation

Report of the Secretary-General on the review and appraisal of the World Population Plan of Action

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3/ E/1993/69.

5. National reports of countries on their population situation, policies and programmes.

Documentation

Report of the Secretary-General of the Conference containing a synthesis of national reports

6. Draft final document of the Conference.

Documentation

Note by the Secretary-General of the Conference on the draft final document of the Conference

7. Provisional agenda and proposed timetable for the Conference.

Documentation

Annotated draft provisional agenda and proposed timetable for the Conference

8. Adoption of the report of the Preparatory Committee on its third session.

C. Decision brought to the attention of the Council

3. The following decision adopted by the Preparatory Committee is brought to the attention of the Council:

2/1. Accreditation of non-governmental organizations to the International Conference on Population and Development and its preparatory process

At the 9th and 17th meetings, on 11 and 17 May 1993, the Preparatory Committee for the International Conference on Population and Development, pursuant to Economic and Social Council resolution 1993/4 of 12 February 1993, in which the Council decided upon a procedure for accrediting non-governmental organizations to attend sessions of the Preparatory Committee and the Conference, decided to approve the non-governmental organizations listed in document E/CONF.84/PC/10 and Add.1-3.

II. ACCREDITATION OF NON-GOVERNMENTAL ORGANIZATIONS TO THE CONFERENCE AND ITS PREPARATORY PROCESS

1. The Preparatory Committee considered agenda item 3 at the 9th and 17th meetings, on 11 and 17 May 1993. It had before it a note by the Secretariat on the accreditation of non-governmental organizations to the Conference and its preparatory process (E/CONF.84/PC/10 and Add.1-3).

2. At the 9th and 17th meetings, the Preparatory Committee decided to approve the non-governmental organizations listed in document E/CONF.84/PC/10 and Add.1-3 (see chap. I, sect. C, decision 2/1).

III. PREPARATIONS FOR THE CONFERENCE

1. The Preparatory Committee considered agenda item 4 at the 8th to 15th and 23rd meetings, on 10-14 and 21 May 1993. The Committee had before it the following documents:

(a) Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population, Environment and Development, held in New York from 20 to 24 January 1992 (E/CONF.84/PC/4);

(b) Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population Policies and Programmes, held at Cairo from 12 to 16 April 1992 (E/CONF.84/PC/5);

(c) Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population and Women, held at Gaborone, Botswana, from 22 to 26 June 1992 (E/CONF.84/PC/6);

(d) Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Family Planning, Health and Family Well-being, held at Bangalore, India, from 26 to 30 October 1992 (E/CONF.84/PC/7);

(e) Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population Growth and Demographic Structure, held in Paris from 16 to 20 November 1992 (E/CONF.84/PC/8);

(f) Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population Distribution and Migration, held at Santa Cruz, Bolivia, from 18 to 22 January 1993 (E/CONF.84/PC/9);

(g) Report of the Secretary-General of the Conference containing a synthesis of the Expert Group Meetings convened as part of the substantive preparations for the Conference (E/CONF.84/PC/12);

(h) Note by the Secretary-General of the Conference transmitting the report of the Third African Population Conference, held at Dakar, Senegal, on 11 and 12 December 1992 (E/CONF.84/PC/13);

(i) Note by the Secretary-General of the Conference transmitting the reports of the Fourth Asian and Pacific Population Conference, held at Denpasar, Indonesia, from 19 to 27 August 1992 (E/CONF.84/PC/14);

(j) Note by the Secretary-General of the Conference transmitting the recommendations of the European Population Conference, held in Geneva from 23 to 26 March 1993 (E/CONF.84/PC/15);

(k) Note by the Secretary-General of the Conference transmitting the Second Amman Declaration on Population and Development in the Arab World, adopted at the Arab Population Conference, held at Amman, Jordan, from 4 to 8 April 1993 (E/CONF.84/PC/16);

(1) Note by the Secretary-General of the Conference transmitting the Latin American and Caribbean Consensus on Population and Development, adopted at the Latin American and Caribbean Regional Conference on Population and Development, held in Mexico City from 29 April to 4 May 1993 (E/CONF.84/PC/17).

2. At the 8th meeting, on 10 May 1993, statements were made by the representatives of Denmark (on behalf of the States Members of the United Nations that are members of the European Economic Community), Egypt, Sweden and Argentina.

3. A statement was made by the representative of the Economic Commission for Europe.

4. Statements were also made by the observers of the following non-governmental organizations: Population Council, International Planned Parenthood Federation, Non-Governmental Organization Planning Committee for the International Conference on Population and Development.

5. At the 9th meeting, on 11 May 1993, statements were made by the representatives of Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77), Brazil, Switzerland, the United States of America and China.

6. The representative of the International Labour Organisation made a statement.

7. The representative of the secretariat of the Fourth World Conference on Women also made a statement.

8. Statements were made by the observers of the following non-governmental organizations: International Union for the Scientific Study of Population, International Women's Health Coalition.

9. At the 10th meeting, on 11 May 1993, statements were made by the representatives of Finland, Canada, Pakistan, Mexico and Norway.

10. The Executive Secretary of the Economic and Social Commission for Asia and the Pacific made a statement.

11. Statements were made by the observers of the following non-governmental organizations: Cousteau Society; Population Institute; Women, Environment and Development Network; Planned Parenthood Federation of America.

12. At the 11th meeting, on 12 May 1993, statements were made by the representatives of New Zealand, Austria, the Sudan, Malaysia, Indonesia, Sri Lanka and Equatorial Guinea.

13. Statements were made by the observers of the following non-governmental organizations: Centre for Development and Population Activities, Center for Reproductive Law and Policy.

14. At the 12th meeting, on 12 May 1993, statements were made by the representatives of Nicaragua, Nepal, Bangladesh, the Russian Federation, Lesotho, Liberia, Rwanda, Afghanistan and Mali.

15. Statements were also made by the Executive Secretaries of the Economic and Social Commission for Western Asia and the Economic Commission for Africa. The representative of the Economic Commission for Latin America and the Caribbean made a statement as well.

16. The representatives of the World Health Organization and the United Nations Children's Fund made statements.

17. A statement was also made by the observer of the National Wildlife Federation, a non-governmental organization.

18. At the 13th meeting, on 13 May 1993, statements were made by the representatives of India, Burkina Faso, the Islamic Republic of Iran, Peru, Kenya, Romania, Thailand, Burundi and Côte d'Ivoire.

19. Statements were made by the observers of the following non-governmental organizations: Population Action International, Association of Women's Clubs Zimbabwe. A statement was made by Board members of the Forum of African Voluntary Development Organizations, a non-governmental organization (on behalf of the African group of non-governmental organizations).

20. At the 14th meeting, on 13 May 1993, statements were made by the representatives of Senegal, Tunisia (also on behalf of Algeria, the Libyan Arab Jamahiriya, Mauritania and Morocco) and Japan.

21. At the 15th meeting, on 14 May 1993, the representative of Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77) introduced and orally revised a draft resolution entitled "Preparations for the International Conference on Population and Development" (E/CONF.84/PC/L.7). The draft resolution read as follows:

"The Economic and Social Council,

"Reaffirming General Assembly resolutions 45/216 of 21 December 1990 and 47/176 of 22 December 1992, and Economic and Social Council resolutions 1989/91 of 26 July 1989, 1991/93 of 26 July 1991, 1992/37 of 30 July 1992 and 1993/4 of 12 February 1993,

"Reaffirming also General Assembly resolutions S-18/3 of 1 May 1990, containing the Declaration on International Economic Cooperation, in particular the Revitalization of Economic Growth and Development of the Developing Countries, 45/199 of 21 December 1990, containing the International Development Strategy for the Fourth United Nations Development Decade and 46/151 of 18 December 1992, containing, inter alia, the United Nations New Agenda for the Development of Africa in the 1990s, the Declaration of Rio and Agenda 21, adopted by the United Nations Conference on Environment and Development, held at Rio de Janeiro from 3 to 14 June 1992,

"Recognizing the particular importance of population issues in the context of economic growth and sustainable development processes, and conscious of the necessity of giving priority to the issues related to population and development in the multilateral agenda,

"Aware of the political impetus that has been given to the issue of population in the international agenda since the decision of the United Nations to hold its meeting on population,

"Noting the appointment of the Executive Director of the United Nations Population Fund as Secretary-General of the International Conference on Population and Development and of the Director of the Population Division of the Department of Economic and Social Information and Policy Analysis of the Secretariat as Deputy Secretary-General of the Conference,

"Considering the primacy of the General Assembly as policy-making body of the United Nations system,

"1. Recommends that the Preparatory Committee for the International Conference on Population and Development become a subsidiary body of the General Assembly and, in this context, that the report of the Preparatory Committee on its second session be submitted, through the Economic and Social Council, to the Assembly at its forty-eighth session and considered under the agenda item entitled 'International Conference on Population and Development', stipulated in Assembly resolution 47/176 of 22 December 1992;

"2. Requests the provision of resources from the regular budget of the United Nations, with the aim of assuring adequate, substantive and successful preparations for the Conference and, for this purpose, requests that the following measures be taken:

"(a) Assurance of a continuation of the dialogue between the Secretary-General of the Conference and all Member States participating in the Preparatory Committee at its second and third sessions;

"(b) Expansion of the duration of the third session of the Preparatory Committee from two weeks to four weeks, as well as provision of adequate conference servicing for the Preparatory Committee's work;

"(c) Strengthening of the capacity of the Conference secretariat to enable it to perform the task entrusted to it;

"3. Expresses its appreciation for the extrabudgetary contributions that have been made to the trust fund established to assist developing countries, in particular the least developed among them, in participating fully and effectively in the Conference and its preparatory process, and invites all Member States and organizations in a position to do so to further support this fund;

"4. Reaffirms the importance of ensuring the coordination within the United Nations system by the Secretary-General of the United Nations,

through the Administrative Committee on Coordination, of the inputs to the Conference;

"5. Also reaffirms the significance of the media, and requests the Secretary-General of the United Nations to make use of the Department of Public Information of the Secretariat in promoting the objectives and activities of the Conference;

"6. Requests the Secretary-General of the United Nations, in collaboration with the Secretary-General of the Conference, to present a report on the implementation of the present resolution to the General Assembly at its forty-eighth session, under the agenda item entitled 'International Conference on Population and Development'."

22. At the 23rd meeting, on 21 May, the Preparatory Committee had before it a revised draft resolution entitled "Preparations for the International Conference on Population and Development" (E/CONF.84/PC/L.7/Rev.1), which read as follows:

"The Economic and Social Council,

"Reaffirming General Assembly resolutions 45/216 of 21 December 1990 and 47/176 of 22 December 1992, and Economic and Social Council resolutions 1989/91 of 26 July 1989, 1991/93 of 26 July 1991, 1992/37 of 30 July 1992 and 1993/4 of 12 February 1993,

"Reaffirming also its resolution 1992/37 of 30 July 1992, in which it accepted with gratitude the offer of the Government of Egypt to host the International Conference on Population and Development, and decided to convene the Conference in Cairo from 5 to 13 September 1994,

"Reaffirming further General Assembly resolutions S-18/3 of 1 May 1990, containing the Declaration on International Economic Cooperation, in particular the Revitalization of Economic Growth and Development of the Developing Countries, 45/199 of 21 December 1990, containing the International Development Strategy for the Fourth United Nations Development Decade and 46/151 of 18 December 1992, containing, inter alia, the United Nations New Agenda for the Development of Africa in the 1990s, and the Rio Declaration on Environment and Development and Agenda 21, adopted by the United Nations Conference on Environment and Development, held at Rio de Janeiro from 3 to 14 June 1992,

"Recognizing the particular importance of population issues in the context of economic growth and sustainable development processes, and conscious of the necessity of giving priority to the issues related to population and development in the multilateral agenda,

"Aware of the political impetus that has been given to the issue of population in the international agenda since the decision of the United Nations to hold its meeting on population,

"Noting the appointment of the Executive Director of the United Nations Population Fund as Secretary-General of the International Conference on Population and Development and of the Director of the

Population Division of the Department of Economic and Social Information and Policy Analysis of the Secretariat as Deputy Secretary-General of the Conference,

"Considering that the General Assembly is the highest intergovernmental mechanism for the formulation and appraisal of policy on matters relating to economic, social and related fields,

"1. Recommends that the Preparatory Committee for the International Conference on Population and Development become a subsidiary body of the General Assembly and, in this context, that the report of the Preparatory Committee on its second session be submitted, through the Economic and Social Council, to the Assembly at its forty-eighth session and considered under the agenda item entitled 'International Conference on Population and Development', stipulated in Assembly resolution 47/176 of 22 December 1992;

"2. Requests the Secretary-General of the International Conference on Population and Development, for the information of delegations, to annex a first draft of the final substantive document of the Conference to the progress report to be submitted, in accordance with General Assembly resolution 47/176, to the General Assembly at its forty-eighth session under the agenda item entitled 'International Conference on Population and Development';

"3. Also requests the Secretary-General of the International Conference on Population and Development to make available to delegations a document incorporating a summary of comments received from Member States and observers on the first draft of the final substantive document of the Conference, in all official languages at least six weeks in advance of the third session of the Preparatory Committee for the International Conference on Population and Development;

"4. Decides to examine at its substantive session of 1993, during its consideration of the provisional calendar of conferences and meetings for 1994 and 1995 in the economic, social and related fields, the necessary arrangements to ensure adequate preparations for the Preparatory Committee and for the Conference;

"5. Expresses its appreciation for the extrabudgetary contributions that have been made to the trust fund established to assist developing countries, in particular the least developed among them, in participating fully and effectively in the Conference and its preparatory process, and invites all Member States and organizations in a position to do so to further support this fund;

"6. Reaffirms the significance of the media, and requests the Secretary-General of the United Nations to promote the objectives and activities of the Conference;

"7. Requests the Secretary-General of the United Nations, in collaboration with the Secretary-General of the Conference, to present a report on the implementation of the present resolution to the General

Assembly at its forty-eighth session, under the agenda item entitled 'International Conference on Population and Development'."

23. At the same meeting, the Chairman withdrew the revised draft resolution (E/CONF.84/PC/L.7/Rev.1) and introduced a draft resolution based on the consultations held on the revised draft.

24. The representative of Canada made a statement.

25. The Preparatory Committee then decided to recommend to the Economic and Social Council the adoption of the draft resolution introduced by the Chairman (see chap. I, sect. A).

IV. PROPOSED CONCEPTUAL FRAMEWORK OF THE DRAFT RECOMMENDATIONS OF THE CONFERENCE

1. The Preparatory Committee considered agenda item 5 at the 15th to 20th and 22nd meetings, on 14, 17, 18 and 21 May 1993. The Committee had before it a note by the Secretary-General of the Conference on the proposed conceptual framework of the draft recommendations of the Conference (E/CONF.84/PC/11).

2. At the 15th meeting, on 14 May 1993, the Secretary-General of the Conference made an introductory statement.

3. At the same meeting, statements were made by the representatives of Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77), Denmark (on behalf of the States Members of the United Nations that are members of the European Economic Community), Egypt, Sweden (also on behalf of Denmark, Finland and Norway), Australia, Venezuela, Pakistan, Zimbabwe and Ecuador.

4. At the 16th meeting, on 14 May 1993, statements were made by the representatives of Canada, Poland and Malawi.

5. A statement was made by the observer of the Non-Governmental Organization Planning Committee for the International Conference on Population and Development.

6. At the 17th meeting, on 17 May 1993, statements were made by the representatives of Switzerland, Austria, the Dominican Republic, Cuba, Zambia, Malaysia, the United States of America and Guinea-Bissau.

7. The representative of the United Nations Development Programme also made a statement.

8. Statements were made by the observers of the following non-governmental organizations: Development Alternative with Women for a New Era, Parliamentarians for Global Action (for Disarmament, Development and World Reform).

9. At the 18th meeting, on 17 May 1993, statements were made by the representatives of China, Mali, Mexico, Guinea, Indonesia, Bangladesh, the Holy See, the Russian Federation, Nigeria and India.

10. Statements were made by the observers of the following non-governmental organizations: Guatemalan Association for Sexual Education and Human Development (on behalf of the Latin American and Caribbean group of non-governmental organizations), Four Directions Council, American Association of Retired Persons, Sociologists for Women in Society, International Federation of Free Trade Unions, Asia Indigenous Women's Network, Cordillera Peoples' Alliance.

11. At the 19th meeting, on 18 May 1993, statements were made by the representatives of Burundi, Argentina, Nepal, Romania, Latvia, Denmark, the United Republic of Tanzania and Maldives.

12. The observer of the Consultative Group on International Agricultural Research, an intergovernmental organization, made a statement.

13. Statements were made by the observers of the following non-governmental organizations: Johns Hopkins University Centre Population Communication Program, Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies (on behalf of the Asian group of non-governmental organizations), Association for Voluntary Surgical contraception, Third World Network, Interaction.

14. At the 20th meeting, on 18 May 1993, statements were made by the representatives of Sweden, Thailand, the Niger, Bolivia, Norway, Burkina Faso, the United Kingdom of Great Britain and Northern Ireland, New Zealand, Japan, Jamaica, Morocco, Nicaragua, the Central African Republic, Uganda and Zaire.

15. Statements were made by the observers of the following non-governmental organizations: Disabled Peoples' International (on behalf of the disabled persons' group of non-governmental organizations), Coordinator of Indigenous Organizations of the Amazon Basin (on behalf of the Indigenous peoples' group of non-governmental organizations), World Population Foundation (on behalf of the European group of non-governmental organizations), Commonwealth Medical Association.

16. At the 22nd meeting, on 21 May, the Chairman introduced and orally revised a draft decision (E/CONF.84/PC/L.9) entitled "Proposed conceptual framework of the draft recommendations of the Conference", which was submitted on the basis of informal consultations.

17. At the same meeting, statements were made by the representatives of Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77), Pakistan, Denmark (on behalf of the States Members of the United Nations that are members of the European Economic Community), India, Norway, the Philippines, the United Kingdom of Great Britain and Northern Ireland, New Zealand, Algeria, Islamic Republic of Iran, the United States of America, Sweden and China.

18. The Preparatory Committee then decided to recommend to the Economic and Social Council the adoption of the draft decision as orally revised and amended (see chap. I, sect. B, draft decision I).

V. PROVISIONAL RULES OF PROCEDURE FOR THE CONFERENCE

1. The Preparatory Committee considered agenda item 6 at the 21st and 22nd meetings, on 20 and 21 May 1993. The Committee had before it a note by the Secretariat containing the draft provisional rules of procedure for the Conference (E/CONF.84/PC/2/Rev.1).

2. At the 21st meeting, on 20 May, the Vice-Chairman, Mr. Lionel A. Hurst (Antigua and Barbuda) reported on the informal consultations held on the item. The representative of Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77) made a statement.

3. At the 22nd meeting, on 21 May, the representative of Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77) made a statement. The Vice-Chairman reported further on the informal consultations.

4. On the proposal of the Chairman, the Committee then agreed to recommend to the Economic and Social Council the adoption of a draft decision on the participation of associate members of the regional commissions in the Conference and the preparatory process (see chap. I, sect. B, draft decision II).

VI. PROVISIONAL AGENDA FOR THE THIRD SESSION OF THE PREPARATORY COMMITTEE

1. The Preparatory Committee considered agenda item 7 at the 21st meeting, on 20 May 1993. The Committee had before it the draft provisional agenda for the third session of the Preparatory Committee (E/CONF.84/PC/L.6).

2. The representative of Denmark (on behalf of the States Members of the United Nations that are members of the European Economic Community) made a statement.

3. At the same meeting, the Preparatory Committee approved the provisional agenda for its third session (see chap. I, sect. B, draft decision III).

VII. ADOPTION OF THE REPORT OF THE PREPARATORY COMMITTEE ON ITS SECOND SESSION

1. The Preparatory Committee adopted the draft report on its second session (E/CONF.84/PC/L.8 and Add.1) at the 22nd meeting, on 21 May 1993, and authorized the Rapporteur to finalize the report as amended during the discussion.

2. At the same meeting, the representative of the United States of America made a closing statement.

3. At the 23rd meeting, on 21 May 1993, closing statements were made by the representatives of Egypt, Colombia (on behalf of the States Members of the United Nations that are members of the Group of 77), Denmark (on behalf of the States Members of the United Nations that are members of the European Economic Community), Finland (also on behalf of Denmark, Iceland, Norway and Sweden), Bolivia (on behalf of the Latin American and Caribbean States), Senegal (on behalf of the African States) and Morocco.

4. A statement was also made by the observer for the Latin American and Caribbean Women's Health Network, a non-governmental organization.

VIII. ORGANIZATION OF THE SESSION

A. Opening and duration of the session

1. The Preparatory Committee for the International Conference on Population and Development held its second session at United Nations Headquarters from 10 to 21 May 1993. The Committee held 17 meetings (7th to 23rd).

2. The Secretary-General of the International Conference on Population and Development opened the session and made an introductory statement.

3. An introductory statement was also made by the Under-Secretary-General for Economic and Social Information and Policy Analysis.

4. At the 21st meeting, on 20 May, the Under-Secretary-General for Policy Coordination and Sustainable Development addressed the Preparatory Committee.

B. Attendance

5. In accordance with Economic and Social Council resolution 1989/91, the Preparatory Committee met in open-ended session with the participation of any Member of the United Nations that was not a member of the Population Commission and of any other State.

6. The following States attended the session: Afghanistan, Albania, Algeria, Antigua and Barbuda, Argentina, Australia, Austria, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia, Botswana, Brazil, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Costa Rica, Côte d'Ivoire, Cuba, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Estonia, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Germany, Ghana, Greece, Grenada, Guinea, Guinea-Bissau, Guyana, Haiti, Holy See, Honduras, Hungary, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Libyan Arab Jamahiriya, Liechtenstein, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Samoa, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, Spain, Sri Lanka, Sudan, Suriname, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Uruguay, Vanuatu, Venezuela, Yemen, Zaire, Zambia, Zimbabwe.

7. The following specialized agencies were represented: International Labour Organisation, Food and Agriculture Organization of the United Nations, United Nations Educational, Scientific and Cultural Organization, World Health Organization, International Monetary Fund.

8. The following intergovernmental organizations were represented: Asian-African Legal Consultative Committee, Organisation for Economic Cooperation and Development, International Organization for Migration.

9. The following, having received a standing invitation to participate in the sessions and in the work of the General Assembly as an observer, was represented: Palestine.

C. Election of officers

10. At the 7th, 9th, 10th, 12th and 13th meetings, from 10 to 14 May 1993, the Committee elected the following Bureau members:

Chairman: Fred Sai (Ghana)

Vice-Chairmen: Lionel A. Hurst (Antigua and Barbuda)
Mauro Couto (Brazil)
Tauno Kääriä (Finland)
Andras Klinger (Hungary)
Usha Vohra (India)
Abdullah Chalil (Indonesia)
Nicolaas H. Biegman (Netherlands)
Maymouna Diop (Senegal)

Vice-Chairman-cum-Rapporteur: Jerzy Z. Holzer (Poland)

Ex officio: Nabil A. Elaraby (Egypt)

D. Agenda

11. At the 7th meeting, on 10 May 1993, the Committee adopted the provisional agenda as contained in document E/CONF.84/PC/3/Rev.1. The agenda was as follows:

1. Election of officers.

2. Adoption of the agenda and other organizational matters.

3. Accreditation of non-governmental organizations to the Conference and its preparatory process.

4. Preparations for the Conference.

5. Proposed conceptual framework of the draft recommendations of the Conference.

6. Draft provisional rules of procedure for the Conference.

7. Draft provisional agenda for the third session of the Preparatory Committee.

8. Adoption of the report of the Preparatory Committee.

Annex

LIST OF DOCUMENTATION BEFORE THE PREPARATORY COMMITTEE AT ITS SECOND SESSION

Document symbol	Agenda item	Title or description
E/1993/49	4	Report of the Secretary-General of the Conference containing a progress report on the preparations for the International Conference on Population and Development
E/CONF.84/PC/2/Rev.1	6	Note by the Secretariat containing the draft provisional rules of procedure for the Conference
E/CONF.84/PC/3/Rev.1	2	Provisional agenda for the second session of the Preparatory Committee
E/CONF.84/PC/4	4	Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population, Environment and Development, New York, 20-24 January 1992
E/CONF.84/PC/5	4	Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population Policies and Programmes, Cairo, 12-16 April 1992
E/CONF.84/PC/6	4	Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population and Women, Gaborone, Botswana, 22-26 June 1992
E/CONF.84/PC/7	4	Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Family Planning, Health and Family Well-being, Bangalore, India, 26-30 October 1992
E/CONF.84/PC/8	4	Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population Growth and Demographic Structure, Paris, 16-20 November 1992
E/CONF.84/PC/9	4	Report of the Secretary-General of the Conference transmitting the recommendations of the Expert Group Meeting on Population Distribution and Migration, Santa Cruz, Bolivia, 18-22 January 1993

Document symbol	Agenda item	Title or description
E/CONF.84/PC/10 and Add.1-3	3	Note by the Secretariat containing a list of non-governmental organizations recommended for accreditation to the Conference and its preparatory process
E/CONF.84/PC.11	5	Note by the Secretary-General of the Conference on a proposed conceptual framework of the draft recommendations of the Conference
E/CONF.84/PC/12	4	Report of the Secretary-General of the Conference containing the synthesis of the Expert Group Meetings convened as part of the substantive preparations for the Conference
E/CONF.84/PC/13	4	Note by the Secretary-General of the Conference transmitting the report of the Third African Population Conference, Dakar, Senegal, 11-12 December 1992, including the Dakar/Ngor Declaration on Population, Family and Sustainable Development
E/CONF.84/PC/14	4	Note by the Secretary-General of the Conference transmitting the reports of the Fourth Asian and Pacific Population Conference, Denpasar, Indonesia, 19-27 August 1992, including the Bali Declaration on Population and Sustainable Development
E/CONF.84/PC/15	4	Note by the Secretary-General of the Conference transmitting the recommendations of the European Population Conference, Geneva, Switzerland, 23-26 March 1993
E/CONF.84/PC/16	4	Note by the Secretary-General of the Conference transmitting the Second Amman Declaration on Population and Development in the Arab World adopted at the Arab Population Conference, Amman, Jordan, 4-8 April 1993
E/CONF.84/PC/17	4	Note by the Secretary-General of the Conference transmitting the Latin American and Caribbean Consensus on Population and Development, adopted at the Latin American and Caribbean Conference on Population and Development, Mexico City, 29 April-4 May 1993
E/CONF.84/PC/L.5	2	Note by the Secretariat on the organization of work of the session

Document symbol	Agenda item	Title or description
E/CONF.84/PC/L.6	7	Draft provisional agenda for the third session of the Preparatory Committee
E/CONF.84/PC/L.7 and Rev.1	4	Draft resolution submitted by the States Members of the United Nations which are members of the Group of 77
E/CONF.84/PC/L.8 and Add.1	8	Draft report of the Preparatory Committee on its second session
E/CONF.84/PC/L.9	5	Draft decision submitted by the Chairman of the Preparatory Committee on the basis of informal consultations

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